

AL-2-1997-00
2.2

CANADIANA

FEB 21 1995

HEALTH GOALS FOR ALBERTA: Progress Report



Alberta
HEALTH



Digitized by the Internet Archive
in 2015

<https://archive.org/details/healthgoalsforal00albe>

HEALTH GOALS FOR ALBERTA

Progress Report
December, 1993

December, 1993



MESSAGE FROM THE MINISTER OF HEALTH

The **Health Goals for Alberta: Progress Report** is about the health of Albertans and the factors that influence their health.

The report presents a vision for health, nine health goals for Alberta, and objectives and priorities to meet these goals. Together, they provide a context for decision-making aimed at improving health.

There is more to good health than health care -- healthy families, communities, environments, good information and healthy behaviours are all critical. We cannot improve the health of Albertans by focusing solely on the health service delivery system. Alberta's health goals reflect the many important influences on health. They highlight ways to improve health and to prevent disease and injury. They also provide a starting point for measuring health outcomes.

Albertans value their health system, but they also see opportunities for change and improvement. Participants at the recent roundtables on health called for greater involvement of communities in health decision making. Over the next year, communities will be working together to create broad health plans for their areas. This document is the first in a series of provincial reports that will assist communities with this task.

Achieving health goals is a responsibility of all Albertans and depends on effective partnerships. Government, communities, health providers, families and individuals -- we must all work together to achieve better health.

This report reflects the input of many groups and individuals who contributed their suggestions to the Advisory Committee on Health Goals. I would especially like to thank the members of the Advisory Committee for guiding the work.

A handwritten signature in cursive script, reading "Shirley McClellan".

Shirley McClellan, M.L.A.

CONTENTS

INTRODUCTION TO THE REPORT	1
The Health Goals Framework	1
Structure of the Report	2
HEALTH IN ALBERTA AND THE CHALLENGES AHEAD	5
Key Points	7
Healthy Albertans	9
Our Health Challenges	11
OUR VISION FOR HEALTH	15
Key Points	17
Discussion of Our Vision for Health	19
INFLUENCES ON HEALTH	21
Key Points	23
Influences on Health	24
Discussion of Influences on Health	25
<i>Information and Research</i>	25
<i>Public Policy</i>	26
<i>Health Services</i>	27
<i>Social, Economic and Cultural Environment</i>	27
<i>Ecology and the Physical Environment</i>	28
<i>Human Biology</i>	29
<i>Behaviour and Lifestyle</i>	29
<i>Coping Skills</i>	30
Health Influences: Foundation for the Health Goals	30
HEALTH GOALS FOR ALBERTA	33
Key Points	35
Developing Health Goals for Alberta	37
Description of the Health Goals	39
DETAILED INFORMATION ON THE GOALS	43
Key Points	45
Goal 1	"To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being." 47
<i>Overall Well-Being</i>	49
<i>Cancer</i>	50
<i>Cardiovascular Disease</i>	51
<i>Injuries</i>	51
<i>Mental Health</i>	53
<i>Positive Birth Outcomes</i>	55
<i>Communicable Diseases</i>	55

Goal 2 “To make decisions based on good information and research.”	58
Goal 3 “To include a health perspective in public policy.”	60
Goal 4 “To have appropriate, accessible and affordable health services.”	62
Goal 5 “To live in strong, supportive and healthy families and communities.”	63
Goal 6 “To live in a healthy physical environment.”	66
Goal 7 “To recognize and maximize individual potential in spite of biological differences.”	68
Goal 8 “To choose healthy behaviours.”	69
<i>Substance Use and Abuse (Tobacco and Alcohol)</i>	69
<i>Physical Activity</i>	70
<i>Healthy Eating</i>	71
<i>Sexual Behaviour</i>	71
<i>Health Screening</i>	72
<i>Other Protective Health Behaviours</i>	73
Goal 9 “To develop and maintain skills for facing the challenges of life in a healthy way.”	74

APPLYING THE GOALS: TURNING WORDS INTO ACTION 77

Key Points	79
Turning Words into Action	81
<i>We All Have a Part to Play</i>	81
<i>Next Steps</i>	82

APPENDIX 1: PROCESS FOR DEVELOPING THE HEALTH GOALS 85

APPENDIX 2: SUMMARY OF GOALS AND OBJECTIVES 91

APPENDIX 3: USING THE HEALTH GOALS TO GUIDE COMMUNITY ACTION 95

INTRODUCTION TO THE REPORT

This report presents the results to date of a process to develop health goals for Alberta. Many partners in the health system have participated in the process. The report is a “work in progress” that will allow people to see how far we have come, and to make suggestions for further adjustments. It will also help guide people’s thinking as they participate in immediate activities to plan for the future of Alberta’s health system.

In 1989, the Advisory Committee on the Utilization of Medical Services recognized the importance of health goals. The Premier’s Commission on Future Health Care for Albertans recommended the development of health goals for the Province in its 1990 final report, *The Rainbow Report: Our Vision for Health*. The Government’s response to the Rainbow Report, *Partners in Health*, made a commitment to a collaborative process for developing health goals. As a result, the Minister’s Advisory Committee on Health Goals was established in 1991 to lead the health goals process.

During 1991 partners from all parts of Alberta’s health system worked to prepare a preliminary set of goals, objectives and strategies. These were published in February 1992. The Minister’s Advisory Committee conducted an extensive consultation on the preliminary goals document throughout 1992, including four community workshops and a provincial conference. The proposed health goals and objectives presented in the current report are based on these consultation results, and on subsequent work and analysis coordinated by Alberta Health.

In the Fall of 1993, both provincial and regional health roundtables were held to give Albertans a further opportunity to express their views about the future of our health system.

THE HEALTH GOALS FRAMEWORK

Our health goals provide a framework that will allow us to develop a better understanding of the relationship between the health outcomes we want and our efforts to influence them. The *definition of health* underlying the framework has two aspects:

- ❑ Health is a state of physical, mental and social well-being, not merely the absence of disease or disability; and
- ❑ Health is a resource for everyday living that allows people to satisfy their needs and get the things they want out of life, while successfully managing life’s problems and challenges.

This report presents:

1. A **Health Vision Statement** that broadly defines what we want the health of Albertans to look like in the future. The vision is “Healthy Albertans, living in a healthy Alberta.”
2. A set of **Health Goals** that state the conditions needed to support our vision for health. The goals define what we are striving towards to improve Albertans’ opportunities for health. They represent an ideal, not something we expect to accomplish easily or within a short time-frame. They are based on our understanding of the main factors that influence health.
3. A set of initial **Objectives** that indicate more precisely what we expect to accomplish for each of the goals.

The following are the goals. They are described in more detail later in the report, along with the objectives that have been developed so far.

- Goal 1: To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being.
- Goal 2: To make decisions based on good information and research.
- Goal 3: To include a health perspective in public policy.
- Goal 4: To have appropriate, accessible and affordable health services.
- Goal 5: To live in strong, supportive and healthy families and communities.
- Goal 6: To live in a healthy physical environment.
- Goal 7: To recognize and maximize individual potential in spite of biological differences.
- Goal 8: To choose healthy behaviours.
- Goal 9: To develop and maintain skills for facing the challenges of life in a healthy way.

STRUCTURE OF THE REPORT

This report is structured so that different readers who are interested in varying levels of detail will find it useful. Each major section begins with a cover page that briefly describes what is in the section, as well as what is included in the previous and following sections. These provide a “map” through the document.

The first page of each major section then summarizes the Key Points. Reading just these first pages of each section gives a summary of the overall document.

For the reader who wants a more comprehensive picture, each section then presents additional discussion of the topics touched on in the Key Points.

HEALTH IN ALBERTA AND THE CHALLENGES AHEAD

This section reviews information about the health status of Albertans, and the way we view our health and our health system. Next it outlines the major health challenges we face. The following section looks at our vision for health and the principles that will guide our decisions as we address the challenges ahead.

HEALTH IN ALBERTA AND THE CHALLENGES AHEAD

This section reviews information about the health status of Albertans, and the way we view our health and our health system. Next it outlines the major health challenges we face. The following section looks at our vision for health and the principles that will guide our decisions as we address the challenges ahead.

STUDY OF THE
1971-72
HEALTH CARE DELIVERY

1. General Information	
2. Health Care Delivery	
3. Health Care Access	
4. Health Care Costs	
5. Health Care Quality	
6. Health Care Equity	
7. Health Care Efficiency	
8. Health Care Effectiveness	
9. Health Care Satisfaction	
10. Health Care Impact	

KEY POINTS

Most Albertans enjoy excellent health, which helps us build the kind of lives we want for ourselves and our families. The health of Albertans is improving, and we want to continue that trend.

Albertans increasingly realize there is more to good health than health care services, for example, the quality of our physical and social environments. The challenge is to maintain and improve our health and the quality of our health system, as we respond to changing social and economic times.

There are four main aspects to this challenge.

1. Maintaining the quality and accessibility of our health care services in a time of rapid social and economic change.
2. Maintaining and improving the good level of health our population enjoys, and responding to the needs of older Albertans as the population ages.
3. Ensuring equitable access to opportunities to improve health for groups and communities not currently experiencing levels of health as good as most other Albertans.
4. Ensuring a capacity to respond effectively to new health issues and needs that may emerge in the years ahead.

HEALTHY ALBERTANS

Albertans generally enjoy a level of health as good as, or better than, the Canadian average. And it is improving. Figure 1 shows improvements since 1950 in how long a new-born baby can expect to live, in Alberta and Canada. Life expectancy is internationally used as a good overall indicator of population health, and Health Canada statistics show that Alberta has one of the best levels in the world. Another important measure is the number of babies who die before they are one year old. Alberta's rate declined to only 8.1 infant deaths per 1,000 births in 1990 from 17.5 per 1,000 in 1972.

Life Expectancy at Birth by Gender, Alberta & Canada, 1950-1990

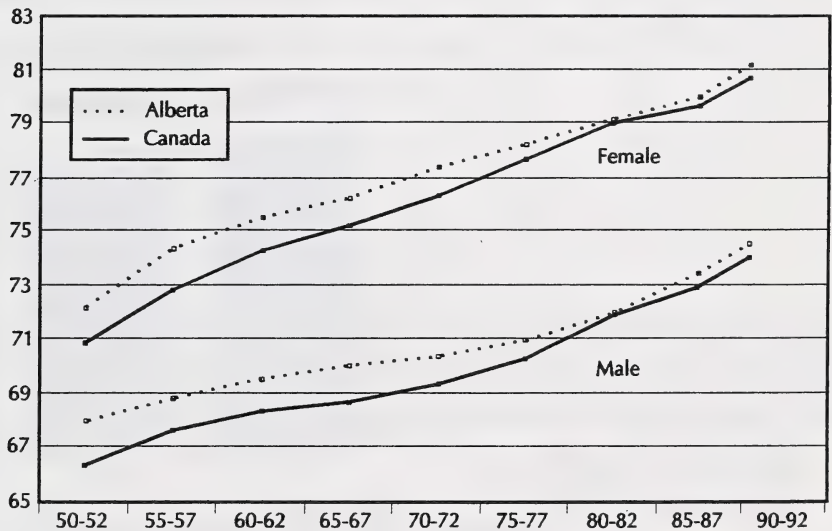


Figure 1. Source: Statistics Canada, *Longevity and Historical Life Tables, 1986*; Statistics Canada, *Report on the Demographic Situation in Canada, 1992*.

Living longer shows that our health has been improving. However, while living longer, we also want to enjoy good health for all the years we live. During the consultations on the health goals, Albertans said the aim now should not so much be adding years to life, but adding life to years.

In the future, an important measure of health status will, therefore, be the number of years of life in good health. Alberta statistics are not yet available on this.

Statistics Canada has developed a measure of life expectancy in good health for Canada. This measure shows men have increased their average years in good health to 61.3 years in 1986 from 59.2 years in 1978. Women have increased their years in good health to 64.9 years in 1985 from 62.8 years in 1978.

Alberta will be using a similar measure for our Health Goal 1: "To increase the years of good health by reducing illnesses, injuries and premature deaths and improving well-being." More information and statistics about the health problems for which we expect to see improvements are presented in later sections of this report.

Albertans generally feel they enjoy good health. In the 1990 Health Promotion Survey by Health and Welfare Canada, 63% of Albertans said their health was good or excellent, and only 2% said their health was poor.

Figure 2 shows that how we feel about the state of our health changes as we get older. While 41% of Albertans between 45 and 54 years of age say their health is excellent, only 14% of those over 75 feel this way. Older Albertans also experience more limitation of their activities because of long term illnesses or physical conditions. A 1990 Health and Welfare survey found that

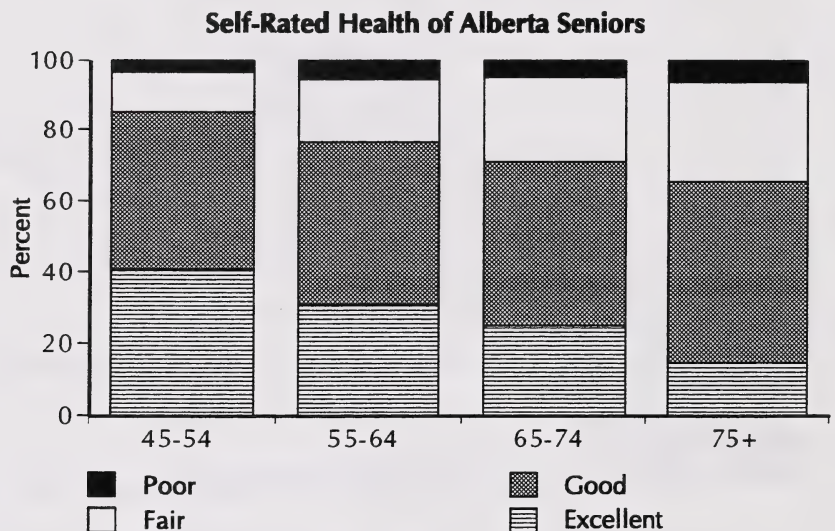


Figure 2. Source: Angus Reid Survey of Attitudes to Seniors Issues in Alberta, 1992.

about 30% of Albertans over 60 years of age have some health limitations, compared to only 17% of those ages 40 to 59 years, and 12% of those ages 30 to 39 years.

Canadians in general are very satisfied with the health care they receive. A study done by the Harvard School of Public Health and Louis Harris Associates in 1988 looked at satisfaction levels in Canada, the United States and Britain. Figure 3 summarizes the results. Of the Canadians who were hospitalized in the last year, 89% were at least somewhat satisfied with the care received. An even higher percentage (94%) were at least somewhat satisfied with care received from their physician within the last year. This compares favourably with other countries. A 1991 Canada Health Monitor survey found that 83% of Albertans are very satisfied with the treatment they receive from their doctors.

Although Albertans are quite healthy, and generally feel satisfied with their health and their health care, there are issues they believe must be addressed.

Satisfaction With Medical Care

Hospitalization	U.S.	Canada	U.K.
Very satisfied	57%	71%	67%
Somewhat satisfied	28	18	22
Somewhat dissatisfied	7	5	8
Very dissatisfied	8	5	2
Not sure	0	1	1
Visit to Physician	U.S.	Canada	U.K.
Very satisfied	54%	73%	63%
Somewhat satisfied	32	21	26
Somewhat dissatisfied	7	4	7
Very dissatisfied	6	2	3
Not sure	0	0	0

Figure 3. Source: Harvard School of Public Health and Louis Harris Associates Survey, 1988.

In March 1993, 46% of Albertans said in a Canada Health Monitor Survey that the cost of providing health services was the most important health issue faced by the provincial government. The next most important issues were AIDS, which 7% of people thought was the most important; the needs of the elderly (4%); and cancer (3%).

OUR HEALTH CHALLENGES

The following are the main challenges we face as we strive to maintain and improve the health of our population and the quality of our health system, while responding to changing social and economic times. Alberta's vision for health and our health goals address these challenges.

ISSUE 1

Maintaining the quality and accessibility of health care services in a time of rapid social and economic change.

Comparisons between different western industrial countries show there is little connection between the amount spent on health care, above a basic level, and the health of the population. Beyond a certain point, spending more on

health care gives diminishing returns in improving population health. Some countries that spend less than Canada on health care have populations that are just as healthy.

There is every reason for confidence that the long-term quality and accessibility of Alberta's health system can be maintained within our financial capability.

However, in the short-term we must plan carefully for the changes that will make this possible. This includes targeting our health resources more effectively and using them more efficiently.

We are just beginning to develop effective ways of evaluating our health policies, programs and treatments. It is essential that we pursue this diligently, and develop ways of acting on the results.

Partnerships between those who provide health services, those who use health services and those who pay for health services, will be needed. Only in this way can we allocate our resources for the greatest health benefit of all Albertans.

ISSUE 2

Maintaining and improving the good level of health our population enjoys, and responding to the needs of older Albertans as the population ages.

Maintaining our population's good health is a priority. At the same time, we expect to have opportunities to further improve our health. This means we must continue to ensure access to traditional health care services when they are needed. But we must also address the many other factors that influence health.

More emphasis on promotion of health and prevention of illness will be required. Our lifestyles, incomes, education, jobs, and many other factors in our social and physical environments strongly influence our health.

Therefore, partners inside and outside the health field will need to work together on a broad range of health improvement strategies. Later sections of this report discuss the many influences on health, and show how Alberta's health goals respond.

We are living longer lives thanks to a decline in infectious diseases and increasingly effective medical interventions. As we live longer, the causes of ill health are changing, with chronic conditions and disabilities becoming more important.

The average age of our population is increasing. As this happens, it becomes ever more important to stay healthy instead of treating health problems after they happen.

We expect to maintain our health much longer than was the case only a few decades ago. Yet many older Albertans will eventually experience health limitations from chronic conditions and disabilities of old age.

We must respond to the health needs of our older citizens, and to the needs of all those with ongoing health problems and limitations. This will require a balance of health promotion, prevention, care, treatment and rehabilitation programs that help ensure our independence and quality of life.

ISSUE 3

Ensuring equitable access to opportunities to improve health for groups and communities not currently experiencing levels of health as good as most other Albertans.

Different groups among us are not equally healthy. Albertans who are least well off financially continue to experience the poorest health. Differences in income, education, social and physical environments, heredity and lifestyle affect our health and our ability to benefit from the health system.

We need to act to reduce differences in health status between groups. Many factors beyond health care influence our health. All of the influences on health will have to be addressed to reduce health inequities. This will require strategies to provide disadvantaged groups with better access to appropriate health services and other resources and to opportunities essential to health and well-being.

ISSUE 4

Ensuring a capacity to respond effectively to new health issues and needs that may emerge in the years ahead.

The health needs of Albertans will continue to change in the years ahead, as will the nature of medical technology and methods of health care delivery. As examples, the discovery of important new drugs and therapies, new understanding about preventing illness and promoting health, the increasing incidence of conditions associated with an older population, and the resurgence of diseases such as tuberculosis will require constant vigilance and innovation in the effective use of our resources.

OUR VISION FOR HEALTH

The previous section discussed the health of Albertans, our views on health and the health system, and the health challenges that lie ahead. This section presents our vision for health in Alberta, including principles to guide our decisions about health and the health system. The next section considers the factors that influence our health.

KEY POINTS

The health challenges discussed previously confront our health system with a need to adapt and change. To receive the maximum benefit from the changes, we need to understand what we're trying to achieve, how our response to the many influences on health can contribute to our success, and what principles will guide our decisions.

This is what our vision for health is intended to communicate. It consists of a short statement that captures the spirit or overall intent of our efforts. It reflects a set of shared values and a definition of principles.

Our vision statement, developed by the Premier's Commission on Future Health Care for Albertans, is "**Healthy Albertans, living in a healthy Alberta.**" Six principles are part of the vision:

- ☐ **People:** People are the focus of the health system.
- ☐ **Choice:** The system is based on free and voluntary individual choice and personal responsibility.
- ☐ **Change:** Change is inevitable, and desirable, and can be managed.
- ☐ **Decisions:** Health decisions should result in the most effective and least intrusive actions and solutions.
- ☐ **Opportunity:** The opportunity to maximize health must be available to all Albertans.
- ☐ **Partnerships:** Individual Albertans and people representing organizations from inside and outside the formal health system need to be involved in realizing our vision for health.

Applying these principles to what we know of our province, its people and our health system provides a starting place to plan for the future.



DISCUSSION OF *OUR VISION FOR HEALTH*

The Report of the Premier's Commission on Future Health Care for Albertans was titled *The Rainbow Report: Our Vision for Health*. It presented a great deal of analysis and discussion, all leading to a simple vision: **"Healthy Albertans, living in a healthy Alberta."** Our health goals build on this vision.

While the words in the vision statement are simple, the implications are profound. The basic value underlying the vision is a belief that the opportunity to achieve optimal mental, physical, emotional and spiritual health should be available to everyone -- regardless of demographic factors such as income level, age, sex, ethnic origin, location in the province, or existing disability. The link between a healthy economy, a healthy environment and healthy people is also reflected in the vision.

Our vision for health, including the six key principles listed on the previous page:

- ❑ Recognizes the diversity found among Albertans, their families and communities. It puts the health of people first and recognizes the importance of our active participation in achieving good health for ourselves, our families and our communities.
- ❑ Acknowledges that we can influence many aspects of health through the choices we make in groups and as individuals, and encourages increased public participation in decisions about health and the future of the health system.
- ❑ Emphasizes the importance of taking more responsibility and being more accountable for our personal health and well-being, and for those of our families and communities. At the same time, it recognizes that some influences on health are beyond the individual's control (e.g. heredity and the circumstances into which we are born or adopted).
- ❑ Recognizes the need to reduce the health inequities that affect some groups of Albertans, and to support the health of all Albertans through healthy environments, public policies, programs and legislation.
- ❑ Cannot be achieved unless everyone works together in partnerships to respond to and create change.

- ❑ Establishes the need to base decisions on good information about policies, programs, services and needs, in order to improve health.
- ❑ Recognizes the relationships and need for balance among the many factors influencing health.
- ❑ Clearly establishes that the achievement of optimal health and well-being is the common purpose of all organizations and groups concerned with health.

INFLUENCES ON HEALTH

The vision for health presented in the last section defines in general terms what we want to accomplish. The next step is to understand the factors that influence the health of Albertans, as a basis for deciding what goals and actions will help us realize our vision. This section describes these influences on health, setting the stage for the health goals presented in the next section.

KEY POINTS

Until recently, many people made a direct connection between health and the number of physicians and hospital beds available. People thought that more medical services made their communities healthier. “Health” was traditionally seen as something one “had,” and was mainly attributed to good luck. When sickness occurred, it was thought to be inevitable, with the only recourse being medical treatment.

However, it is increasingly apparent that there is no direct relationship between the health of the population and the size or cost of the formal health care system. Other factors, many of which are within our control, have often decisive influences on our health. We must address all of the influences on health to maintain and improve the health of Albertans.

Health services are one key influence on health. Accessibility of appropriate health services, when they are needed, is essential. At the same time, we must broaden our perspective. This will be a challenge because so much of our attention and resources are now focused on the traditional health care system.

Eight key factors that influence our health have been identified. They are listed on the following page. These health influences interact in complex ways to affect individual and population health. For example, the *Behaviour and Lifestyle* decisions people make are strongly affected by the *Social, Economic and Cultural* context within which they live.

INFLUENCES ON HEALTH

- ❑ **Information and Research:** Sound information provides the basis for: decisions about the health system; decisions made by health professionals about appropriate treatment; and our personal health decisions.
- ❑ **Public Policy:** Almost all public policies influence our health directly or indirectly.
- ❑ **Health Services:** The kind and number of services to which we have access affect our health.
- ❑ **Social, Economic and Cultural Environment:** The economic and social context within which we live affects our health directly and influences the personal health decisions we make.
- ❑ **Ecology and the Physical Environment:** The physical world within which we live also affects our health directly, and influences our personal health decisions.
- ❑ **Human Biology:** The interaction between what heredity has given us, our experiences, and the environments in which we live can enhance or limit our health.
- ❑ **Behaviour and Lifestyle:** The choices we make about how we will live can improve our health or increase our health risks.
- ❑ **Coping Skills:** The things we learn, and our sense of effectiveness and control, enable us to interact in healthy ways with the world around us.

DISCUSSION OF *INFLUENCES ON HEALTH*

The eight influences on health listed on the previous page all affect health in powerful, but different, ways. As well, most of the influences are related to one another.

Health information and research are primarily tools that can guide and support our personal health decisions, the decisions of health care providers, and those of policy makers in the health system.

Public policy is also a tool. It can have a direct influence on health, for example, regulations about clean water and air. Or it can be a means of affecting the other health influences, for example, public policies that affect the availability of health services.

Three of the influences on health are factors outside the person. Health services are an external resource we use to help promote, maintain or restore our health. Our social, economic and cultural environments and our physical environment provide the total context within which we live our lives. As such, they are critical to our health. Unless we take collective action to ensure our environments enable and support our health and our ability to make healthy decisions, we are unlikely to succeed in realizing our health vision.

The final three factors -- human biology, behaviour and lifestyle, and coping skills -- are internal characteristics, things that reflect who we are. Some aspects of these factors are within our control. Others, such as our genetic make-up, are not. But all are shaped and influenced by our learning, our experiences, and our environments.

Understanding these influences, and the relationships among them, provides the foundation for our health goals and objectives. There is a health goal to address each of the health influences. The rest of this section briefly discusses the health influences and their inter-relationships.

INFORMATION AND RESEARCH

Information is a key ingredient in shaping the future of our health system. Policy makers require sound information: to make decisions about alternative policies, programs and other actions that can improve our health; and to guide the Province's social and economic development.

Health care providers need good information to make decisions about the kinds of services and treatments that will be most appropriate and effective. As citizens, we need information that will empower us to participate in the debate about the future of our health system.

In some cases, this information is available and just needs to be made more accessible. In other cases, research is required to generate the information we need. More research and evaluation about the cost-effectiveness of various treatments and technologies is particularly important to guide us in deciding how we can maintain high quality health care at a price we can afford.

As individuals, we also need information as a basis for decisions about our health and the health of our families. Easy access to sound information about the relationship between health and lifestyle can help us make healthy choices. We also need information about the appropriateness, benefits and risks of various health treatments and interventions to help us make responsible decisions about using health care services.

PUBLIC POLICY

Public policy affects almost all aspects of modern life, including our physical, economic, social, and cultural well-being. Therefore, virtually all public policy has a direct or indirect influence on our health.

Public policy includes the legislation and regulations enacted by various levels of government, as well as the standards and guidelines they establish for public programs. Decisions about funding of public programs and initiatives, as well as decisions about the ways these will be delivered, also are part of public policy.

Public policy, taken in its broadest sense, can be a powerful method for improving health. The influence of public policy on health is not limited to the health sector. Policies in the economic, education, social services, transportation, housing, recreation, and many other sectors also influence health and health opportunities.

Experience tells us that public policy works best when it reflects a consensus among all those who will be affected by it. However, because public policy has such a pervasive influence, there is always the possibility that policy decisions will have unanticipated, negative health consequences. It is therefore important that policy decisions not be taken in isolation, or without due regard for possible health impacts.

Public policy potentially has an impact on all the other health influences. It largely determines the nature and accessibility of health services, and has a significant impact on the availability of health information.

It strongly influences the environments within which we live. These environments in turn affect the health choices we make, the opportunities those of us with disabilities and health limitations have to live independently and optimize our health, and our capacity to develop and exercise skills to face life's challenges in healthy ways.

HEALTH SERVICES

Access to quality health services is an important component in maximizing our opportunities for health. The health services available to Albertans range from health promotion and injury/disease prevention through health protection, treatment, rehabilitation, care and support. The existence of a balanced health system, where there is a good match between our health needs and the resources we devote to various types of health services, is a key factor in realizing our vision for health.

At present, we spend a large amount of money on health care services. By far the largest share of that money goes to acute hospital care and health care professionals' fees, as shown in Figure 4.

We tend to be preoccupied with managing the parts of the system where most of our resources are now directed. This can get in the way of finding equally or more effective solutions to health problems, at the same or lesser cost. Focusing more on prevention and health promotion services, and shifting

Alberta Health Budget: Program Allocation, 1992/93
Total Budget is \$4.1 billion

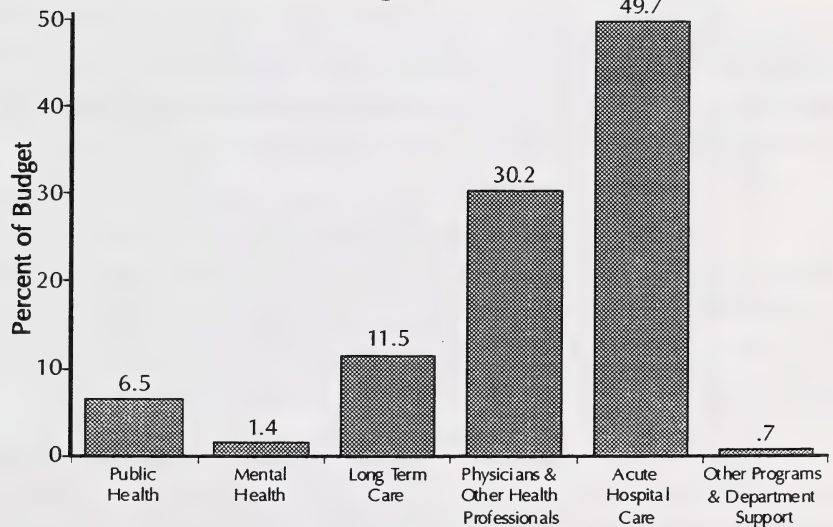


Figure 4. Source: Alberta Health

some resources from institutional to community care, are promising new directions.

SOCIAL, ECONOMIC AND CULTURAL ENVIRONMENT

Safe, secure and supportive families and community environments are fundamental to maintaining and improving our health. Health is influenced by the opportunities we have within our communities to meet our economic, educational, social, transportation, cultural, safety and recreational needs, in

addition to meeting our basic requirements for food, clothing and shelter. Health is enhanced by nurturing families that support the aspirations, self-esteem, and healthy choices of their members.

Strong links exist between economic prosperity and population health. We now know that improving the economic well-being of families and communities will improve their health status. Reducing economic barriers and other inequities is an essential part of ensuring that all Albertans have opportunities for good health.

As noted above, public policies have an influence on our social, economic and cultural environments, which in turn have an impact on the other health influences. These environments may either support or hinder our opportunities and decisions for healthy lifestyles. They provide the settings where those of us with disabilities or health limitations can maximize our independence and health potential. And they provide the context for developing and supporting our capacity and skills to cope with the challenges of life in a healthy way.

ECOLOGY AND THE PHYSICAL ENVIRONMENT

The physical environment includes our *natural* physical environment, and our "*human-built*" physical environment consisting of the physical structures we create. Albertans view activities to maintain, safeguard and improve our physical environment as important in their own right. As well, such activities are regarded as being crucial to the health and well-being of ourselves and of future generations.

We exist within a natural physical environment that provides us with the basics needed to maintain life--air, water, food, and the raw materials for shelter. If we harm or fail to sustain these, we negatively influence our health. For example, toxic contaminants in the physical environment are linked to cancers, respiratory illness, allergic reactions, hypersensitivity, nervous system disorders, reproductive problems and birth defects, and a general decrease in resistance to disease.

Likewise, the human-built environment within which we work, live and play can either protect and enhance our health, or be hazardous to it. The design of transportation systems has an impact on motor vehicle injuries. Hazards in our workplaces can result in illness and injuries, while well designed workplaces can protect and enhance our health.

The physical design of communities affects social interaction, noise, stress and crime levels. As well, it can either create barriers for persons with disabilities and health limitations, or support their participation and independence -- for example through the design of buildings and transportation systems.

Our natural and human-built physical environments can also create opportunities for healthy behaviours and lifestyles, for example through recreational facilities or the chance to retreat to the natural environment to offset the stresses of day-to-day life.

HUMAN BIOLOGY

Biology represents “the cards we are dealt” by heredity, or the health limitations that result from injuries and chronic or progressive diseases. Some of these can be prevented, their seriousness reduced, or their progression slowed. However, regardless of whether this is possible, those of us with health limitations can still live our lives in a healthy and positive way.

The “way the cards are played” over an entire lifetime can reduce or increase the chances that an individual will experience positive health and well-being. Our current state of health reflects the complex interactions between biology and the other influences on health. For example, if we understand how heredity influences our susceptibility to illness, we can make better personal choices. So if we have a family history of heart disease, we can conduct our lives so as to minimize the additional health risks we might face because of an hereditary factor over which we have no direct control.

If we have a disability or health limitation, we can develop self-care skills that enhance our well-being. Furthermore, our ability to optimize our health can be enabled and supported by appropriate public policies and accessible health services. Healthy social, economic, cultural and physical environments also can make a major contribution to our independence and well-being.

BEHAVIOUR AND LIFESTYLE

As individuals, we make many choices regarding the way we live our lives. These choices may either benefit our health or increase our health risks. For example, choices about smoking, use of alcohol and other drugs, healthy eating, exercise, and other personal behaviours affect our health and well-being. Many of Alberta’s most common health problems could be prevented or reduced by healthy lifestyle decisions.

We are increasingly making healthy choices, and can do more to take responsibility for our own health. At the same time, changes in the health system and in our social and physical environments can make healthy choices easier, and can provide us with the information, skills and resources we need to sustain healthy behaviours.

Research on the links between health and lifestyle, and on the best methods to help us adopt and sustain healthy behaviours, makes it possible for the health system to offer good information and effective lifestyle change programs. As well, public policy can help ensure that our social, economic and

cultural environments support healthy choices. For example, adequate incomes enable us to purchase the food we need for healthy diets. Public policies also directly affect our health behaviours -- for example, seat belt legislation has significantly increased their use.

Healthy lifestyles are also supported by the skills we have for facing life's challenges in positive ways, without recourse to risky behaviours such as alcohol or drug abuse. Research suggests that if we have a strong sense of our own effectiveness and ability to cope with circumstances in our lives, we are more likely to be successful in adopting and sustaining healthy behaviours and lifestyles.

COPING SKILLS

These are the skills we use to interact effectively with the world around us in dealing with the events, challenges and stresses we encounter in our day to day lives. Effective coping skills enable us to be self-reliant, and to make informed choices that enhance our health. They also help us deal with health problems and difficult life circumstances in a positive way. As such, they are a key influence on our health.

Coping skills include the ability to learn and adapt, to solve problems and achieve the best outcomes, and to have a sense of control over life. We learn these skills within our families and communities through education and experience, and by watching others. Healthy social, economic and cultural environments support the development of good coping skills.

HEALTH INFLUENCES: FOUNDATION FOR THE HEALTH GOALS

This section has shown how a range of factors work together to influence our health. The Minister's Advisory Committee wanted to ensure that Alberta's health goals reflected these influences on health. Therefore, the Committee developed a model based on the health influences -- to provide the foundation for the health goals.

The model shown on the next page places people at the centre. They are a diverse group, representing individuals in families and communities. Surrounding them are the health influences. All of the influences combine to create health and well-being for the people at the centre.

A Model For Health Goals For Alberta





HEALTH GOALS FOR ALBERTA

Previous sections set the stage for our health goals by discussing the health challenges we face, our vision for health in the future, and the main influences on our health. This section shows why health goals are needed, and the way the goals and objectives were selected. It then briefly presents the goals. The next section gives more details about each goal, including specific objectives.

KEY POINTS

Alberta's health goals respond to the health challenges and influences on health presented earlier in this report. Having health goals will help us define the results we expect from our health system, and will guide our actions to improve the health of Albertans. The goals will help change the way we think about health, by focusing our attention in a more balanced way on all of the factors that influence our health.

The Minister's Advisory Committee on Health Goals for Alberta based the goals on the health influences presented in the last section, on analysis of health needs and issues, and on feedback and suggestions from the extensive consultation process that has occurred.

The health goals are broad statements indicating the conditions needed to support our vision for health. They define what we are striving towards to improve opportunities for health. These goals represent an ideal, not something that we expect to accomplish easily, or within a short time-frame. Some goals may never be fully realized; others may change as circumstances and emerging health issues require.

Each health goal has one or more objectives that state more specifically what is to be accomplished. The objectives were selected according to: the extent, severity and distribution of a particular health issue or problem; the preventability of the problem; and the interest of several partners in working on it. Having specific objectives will allow us to determine how much progress we are making in improving our health and well-being.

There are nine health goals. The first is a global goal that sets a broad direction for reducing illnesses, injuries and premature deaths and improving our well-being. It is followed by eight additional goals, one to address each of the eight major influences on health.



DEVELOPING HEALTH GOALS FOR ALBERTA

The current set of health goals for Alberta reflects more than two years of discussion and consultation led by the Minister's Advisory Committee on Health Goals. The process of developing the goals included extensive consultation with and input from individual Albertans and people representing different parts of the health system in all regions of the province. Appendix 1 lists those who have served on the Advisory Committee and provides more details on the process.

The Minister's Advisory Committee based the goals on:

- ❑ The eight influences on health discussed in the last section;
- ❑ Analysis of current health needs and issues in Alberta; and
- ❑ Feedback and suggestions received from the consultation process.

There are two overall reasons for having a formal set of health goals.

1. They will help to change our thinking about what health is and how to achieve it, and thus assist us to create positive change.
2. They will guide our actions to improve the health of Albertans. This will help us determine how to invest our resources to accomplish the purpose.

Our health goals should:

- ✓ Broaden our view of health to include well-being, and not just the absence of disease;
- ✓ Focus attention on the overall health needs of Albertans;
- ✓ Provide a guide for identifying and responding appropriately to the many possible health priorities at all levels -- provincial, regional, community and organizational;
- ✓ Encourage us to work together to respond to health needs, and show us the value of doing so;
- ✓ Clarify the purpose and intended results of our many health-related programs and services;
- ✓ Increase the accountability and effectiveness of our health system; and
- ✓ Suggest ways for all of us to get involved.

The goals are broad statements of conditions and changes that will move us towards our vision of “Healthy Albertans, living in a healthy Alberta”. After developing the goals, the Minister’s Advisory Committee established working groups which prepared a preliminary set of objectives and strategies. These were the subject of extensive consultation. The Advisory Committee then confirmed the goals and identified key areas for action. At that point, staff from Alberta Health began working with various partners to finalize a first set of objectives for each goal. The objectives state more specifically what is to be accomplished.

A large number of objectives could have been selected for each goal. During the process of developing and consulting on the goals, several hundred objectives were suggested. However, the Minister’s Advisory Committee felt that resources and energies should initially be focused on a manageable number of objectives that we have a good chance of accomplishing. As circumstances change or new health issues emerge, objectives and targets may be added or deleted.

The criteria for choosing key areas and practical and achievable objectives include:

- ☐ The *extent* of the problem. How many Albertans does it affect?
- ☐ The *severity* of the problem. Does it have a major impact on the health of those Albertans who experience it?
- ☐ The *distribution of risk*. Which groups of Albertans are at risk? Do some groups experience the problem to a greater degree than others?
- ☐ The *preventability* of the problem. Do effective strategies exist for addressing it or is it reasonable to expect that strategies can be developed? Could a variety of organizations or groups at the provincial, regional, community and organizational levels get involved in developing and applying solutions? Are any current organizations capable of providing leadership?

To accomplish the objectives will require various partners working together to study the problem or issue, and then agreeing on strategies and actions that are likely to solve the problem. Some strategies may be provincial in scope, while others will be regional or local. In some cases, the most appropriate action will be to strengthen effective activities that are already under way.

Communication and collaboration among the various partners will be needed to avoid duplication of effort, and to encourage adoption of the most effective approaches.

The following section of the document gives examples of the types of initiatives already being implemented in some Alberta communities. The final

section provides ideas about the roles different partners might play in developing a range of future strategies.

DESCRIPTION OF THE HEALTH GOALS

Nine health goals for Alberta were generated by the Minister's Advisory Committee. The first is a global statement of what we expect to accomplish. The remaining eight address the health influences presented in the last section. Because goals two through nine correspond exactly to the health influences, the information presented in the previous section provides the background and rationale for these goals, and is not repeated here.

The rest of this section presents the goals, briefly describes the intent of each, and outlines the key areas that the Minister's Advisory Committee thought should be addressed first. The following section then provides more details, including objectives and possible areas in which targets could be established. All of the goals and objectives are presented in a table in Appendix 2.

Goal 1: To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being.

This goal defines what we expect to accomplish in terms of improving well-being and preventing health problems for those who are presently healthy, and also of improving the health and quality of life of those with existing health problems. It is a focal point for the other eight goals, because our actions to address them all help to enhance well-being and reduce health problems.

The key areas, selected on the basis of the criteria outlined earlier in this section, are: overall well-being, cancer, cardiovascular disease, injuries, mental health, birth outcomes and communicable diseases. The next major section of the report provides background information and statistics that show why these key areas have been chosen. It also describes the specific links between this and the other goals.

Goal 2: To make decisions based on good information and research.

This goal recognizes the crucial influence of information and research findings in shaping the future of our health system, and in supporting and enabling Albertans to make healthy decisions.

Unfortunately, there is a great deal of incorrect, contradictory, or just plain confusing health-related information in the public arena. To have a constructive influence on health and health care, information must be easily accessible, accurate and timely. As well, it must come from credible sources and be presented in a form that is useful to the intended audience, whether that be the

general public, health service consumers, health care providers, special interest groups, or health system decision-makers.

An objective for this goal is to increase the availability and use of existing information, and to strengthen research that will generate new information needed to reshape our health system. We especially need better information about the costs and effectiveness of various treatments, drugs and technologies, to guide decisions that will keep health care affordable.

Another objective is improving public education to help Albertans make informed health decisions. Action on this issue will be linked to the National Public Education Strategy on Health Care, in which Alberta is a partner. As well, applied health research will be better coordinated, and emphasis will be given to information to assist local health planning.

Goal 3: To include a health perspective in public policy.

All public policy has the potential to support or detract from our health. Public policies should make it easier for us to make healthy choices, and ensure we have access to the services and resources needed to support our health.

At the same time, public policy should not place excessive restrictions on the health choices we can make. The intent of this goal is not to create regulation and red tape, but to help ensure that public policy supports health. It is also important that possible unanticipated health impacts are considered when making public policy in any sector.

Because the health influence of public policy is so pervasive, there are many fronts on which action could be taken. The challenge is to start with objectives that are practical and at the same time will make an important contribution.

One objective is to develop tools that can be used to help assess the health impact of public policies in various sectors. Another objective is policy action to address one of our major health challenges -- the poorer health status of Albertans with lower incomes.

Goal 4: To have appropriate, accessible and affordable health services.

Albertans expect to have ready access to necessary health services. Goal 4 recognizes this need. But we must re-think what services are necessary and appropriate, and how to provide them within our collective capacity to pay. This re-thinking will be guided by our definition of health as being more than the absence of disease, our increasing focus on maintaining and promoting health, and our wish to ensure that we get the best result for our health dollar.

The key areas for this goal are to achieve a better balance between different types of health services and ensure that all services are well managed and cost-effective.

Goal 5: To live in strong, supportive and healthy families and communities.

Our health is strongly influenced by our families and communities -- the places where the basic necessities of life are provided, where we feel safe, where caring people offer support and enhance our self esteem, where living and working conditions and appropriate community services promote our health. As such, families and communities are the main settings where our social, economic and cultural environments influence our health.

To achieve this goal, we need to increase everyone's participation in making communities healthier and safer places to live. Health promotion initiatives in schools and workplaces will be emphasized. Actions to increase the well-being of families -- their income, employment, education, freedom from violence, and ability to balance the demands of family and work -- will also be important.

Goal 6: To live in a healthy physical environment.

This goal recognizes that the quality of our physical environment depends on us, just as we depend on it. The focus of this goal is to protect and sustain our natural environment, as well as to ensure that our human-built environments, such as our workplaces, enhance our health.

The objectives address factors for which there is a consensus about what is feasible and what is most important in protecting our health. The focus will be to protect and improve the quality of our air and water, reduce waste, reduce emissions of substances that threaten the ozone layer, and improve the physical health and safety of our workplaces and recreational facilities.

Goal 7: To recognize and maximize individual potential in spite of biological differences.

We have defined health as a resource for everyday living. It is not an absolute defined solely by the absence of disease. Thus, all of us must have the opportunity to maximize our well-being, regardless of what heredity has given us to work with, or the ongoing health problems we may have. This goal focuses on assisting each of us to attain our optimum level of health and independence.

An objective is to ensure that those of us with ongoing health limitations are able to function as independently as possible and participate fully in our communities.

Appropriate community support services will enhance the health, well-being and quality of life of those of us who have disabilities, chronic diseases, chronic pain or progressive diseases. And in most cases these services will be less costly than institutional care. Another important focus will be to assist Albertans and their families to make difficult health decisions, such as continuation of life support.

Goal 8: To choose healthy behaviours.

This goal recognizes that behaviours such as regular exercise, healthy eating, and not using or abusing substances such as tobacco or alcohol, all contribute to our physical and mental health and well-being. The intent of the goal is to make healthy choices easier, and to provide the information, skills and resources needed to adopt and sustain healthy behaviours.

The focus is on behaviours known to prevent or reduce health risks, with a particular emphasis on behaviours linked to more than one of Alberta's major health problems. The objectives relate to substance use and abuse, physical activity, healthy eating, healthy sexual behaviour, appropriate health screening practices such as blood pressure checks, and other protective behaviours such as protection from exposure to the sun.

Goal 9: To develop and maintain skills for facing the challenges of life in a healthy way.

This goal responds to the influence on health of positive coping skills in enabling us to interact effectively with the world around us. While everyone has some skills for dealing with life's challenges and coping with difficult circumstances, strengthening these skills will enhance our health and well-being. Ensuring availability of resources and opportunities to help us develop and exercise effective coping skills is therefore a fundamental part of achieving our vision for health.

Objectives are to increase the skills and opportunities of parents for imparting positive coping skills to their children; and to ensure that young Albertans have the education and preparation to become self-reliant and to obtain and sustain employment. Improving our strategies and skills for coping with life's stresses and difficulties in positive and healthy ways will also be a focus.

DETAILED INFORMATION ON THE GOALS

This section provides more details about why each goal has been chosen. It then presents proposed objectives for each goal, with ideas for areas where targets could be set. Examples of projects that Alberta communities have already undertaken to address some of the objectives are included. The final section of the report discusses actions for implementing the goals, including possible roles for various partners.

KEY POINTS:

A first set of proposed objectives has been developed for each goal. This section presents the objectives that have been developed so far, including some discussion of the reasons why they have been chosen. Alberta Health coordinated this process, and a list of participating organizations is provided in Appendix 1.

The intent is that there will be significant progress toward achieving the objectives by the Year 2000.

The goals are listed below, for easy reference. Appendix 2 summarizes the objectives that have been developed so far, for all of the goals.

- Goal 1: To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being.
- Goal 2: To make decisions based on good information and research.
- Goal 3: To include a health perspective in public policy.
- Goal 4: To have appropriate, accessible and affordable health services.
- Goal 5: To live in strong, supportive and healthy families and communities.
- Goal 6: To live in a healthy physical environment.
- Goal 7: To recognize and maximize individual potential in spite of biological differences.
- Goal 8: To choose healthy behaviours.
- Goal 9: To develop and maintain skills for facing the challenges of life in a healthy way.

Goal 1: To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being.

This goal states the overall result we expect to achieve by working together to move towards our vision of healthy Albertans, living in a healthy Alberta. Actions to address the other eight goals will contribute to achieving this first goal -- either by reducing problems or by improving opportunities for well-being, or both.

Much progress has been made towards a healthier population. Albertans live longer in better health than they did even a few decades ago. More babies survive, as shown in Figure 5, and children are healthier. The number of

**Infant Mortality Rate for Alberta & Canada
(per 1,000 births), 1972-1990**

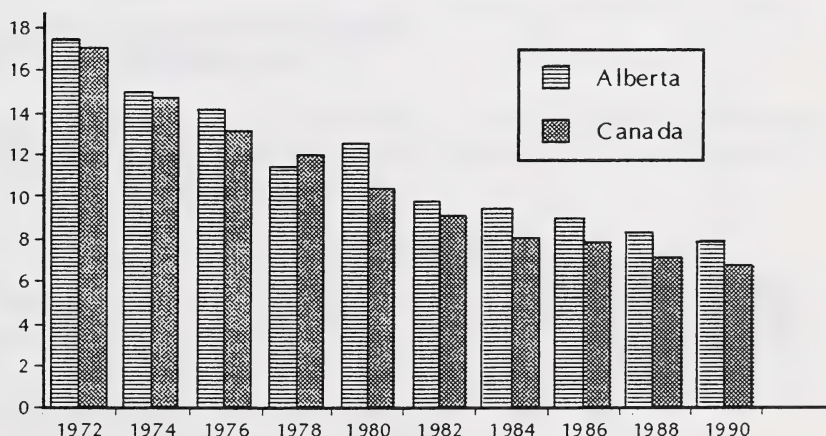


Figure 5. Source: *Mortality in Alberta*, Alberta Health, 1991; Statistics Canada, Health Indicators Database, 1991.

women who die in childbirth in Alberta has steadily declined, to the point that only five died in 1991. Premature deaths from some preventable causes, for example certain infectious diseases, have been almost eliminated. Medical treatment and drugs such as antibiotics have made it possible to restore health for conditions that were once life-threatening.

The health of Alberta's population compares very favourably with that of other provinces and western industrial countries. However, there are opportunities for further improvements. We must ensure that we can maintain our current good level of health. At the same time we can work towards an even healthier population. This will enhance our quality of life, contribute to our economic prosperity, and reduce the need for expensive medical care.

We can enhance well-being and prevent health problems by: improving our social and physical environments; enabling healthy personal choices; ensuring

access to preventive services such as health screening and immunization; and focusing on the needs of groups which are not as healthy as other Albertans.

Less illness and premature death are important indicators of a healthier population. The main causes of illness and premature death are quite different than they used to be. Infectious diseases were once our biggest health problems. Today, cardiovascular disease, cancer, accidents, injuries and suicide account for the majority of the potential years of life lost by Albertans before age 70. Our major causes of potential years of life lost and causes of death are shown in Figures 6 and 7.

Some of the main causes of death are also leading causes of hospitalization. Cardiovascular disease is a leading cause of hospitalization for adults in their middle and later years, as are injuries for children and young adults. Mental health problems are another significant cause of hospitalization, particularly for young and middle aged adults.

**Potential Years of Life Lost (PYLL) by Selected Cause of Death
for Albertans 70 Years and Younger, 1990.**

	PYLL	%
Accidents and Injuries	31,255	32
Cancer	22,063	22
Suicide	12,928	13
Cardiovascular Disease	11,095	11

Figure 6. Source: Statistics Canada, Health Indicators Database, 1991.

Much can be done to prevent these and many of the other illnesses and conditions that get in the way of long and healthy lives. Even when we do not know how to prevent problems, early detection and appropriate treatment can often reduce or delay their seriousness.

While this first goal addresses our most significant health problems, it must be balanced by a strong emphasis on optimal health and well-being, since health is more than the absence of disease.

OBJECTIVES FOR GOAL 1

The Minister's Advisory Committee suggested the following seven key areas as a starting point for improving well-being and reducing illness, injuries and premature death. A set of objectives is presented for each area.

The first key area is improving the overall well-being of individuals, their families and communities. The other six key areas are health problems, which were selected for a combination of reasons: they take a significant toll on

Seven Leading Causes of Death by Gender: Alberta, 1992

	All	Males	Females
Cancers	3,931	2,133	1,798
Heart Disease	3,757	2,141	1,616
Strokes	1,157	516	641
Accidents	890	579	311
Chronic Obstructive Pulmonary Disease	614	376	238
Pneumonia and Influenza	532	281	251
Suicide	468	351	117

Figure 7. Source: Alberta Vital Statistics Annual Report, Alberta Health, 1992.

Alberta society; they can be reduced through prevention or early intervention efforts that are feasible and affordable; and there is a commitment to collective action among several partners.

OVERALL WELL-BEING

Well-being is an expression of optimal health. It reflects our sense that we have access to the necessities of life; experience the support of community, family and friends; and are able to realize our aspirations and have reasonable control over our lives and health. It is the culmination of all the positive influences on health that are addressed in our health goals.

Our vision for health and our health goals will create a shift towards a greater focus on wellness and promotion of optimal health. They will also challenge us to develop better ways of describing and measuring well-being.

As a starting point, the following two broad objectives for overall well-being have been chosen. More will be developed as we gain a greater understanding of the meaning of well-being and how to measure it.

Increase Albertans' life expectancy in good health.

Increase the proportion of Albertans who rate their health as very good or excellent.

Each year, about 8,000 new cases of cancer are diagnosed in Alberta, and over 3,700 Albertans die from cancer. For men, the most frequent cancers are lung (22% of all cases), prostate (18%), and colorectal (14%). For women, the most frequent types of cancer are breast (27% of cases), colorectal (15%) and lung (10%).

Decisions about which types of cancer to address first were based on the current state of knowledge about prevention, early detection and treatment. Future research findings could change the cancer objectives and the rate of progress we expect.

To be addressed first are lung cancer, breast cancer, invasive cervical cancer and skin cancer. The following are the reasons for selection and the objectives for each.

Lung cancer incidence and deaths are increasing in men and women. Smoking is the primary risk factor. Convincing children and adolescents of the benefits of being non-smokers, and encouraging and assisting smokers to quit, are the most promising prevention strategies. An objective for reducing smoking is included in Goal 8 under substance use and abuse. The lung cancer objective is:

Reduce the incidence of lung cancer in men and slow the rate of increase in women.

Breast cancer has a relatively stable incidence and death rate over time. We do not yet know how to prevent it. But we believe deaths can be avoided by earlier detection and treatment. Clinical breast examinations and mammograms for women over 50 years of age are our most promising and cost-effective strategies for reducing deaths through early detection. This is addressed in Goal 8 under health screening. The objective is:

Reduce the rate of deaths from breast cancer.

Cervical cancer incidence and death rates are decreasing, perhaps reflecting success from early detection and treatment. It cannot be prevented with current knowledge. But incidence could be further reduced by encouraging women between ages 18 and 64 to have Pap tests at the recommended intervals, which is addressed in Goal 8 under health screening. The objective is:

Reduce the incidence of invasive cervical cancer.

Skin cancer incidence and deaths are increasing. The thinning of the ozone layer has put Albertans at increased risk of these cancers which can be

prevented by limiting exposure to the sun. This is included in Goal 8 under protective behaviour. The objective is:

Reduce the incidence of melanoma and non-melanoma skin cancers.

CARDIOVASCULAR DISEASE

Cardiovascular disease is our number one economic burden caused by ill health. The burden consists of the costs of medical care, and lost productivity due to illness and premature death. Deaths from coronary disease have been declining for about 20 years. However, it is still the leading cause of death, the leading cause of premature death, and a leading cause of hospitalization for adults over 35 years of age.

Blood pressure control, smoking cessation, changes in diet, increased exercise and weight control are all recognized as important factors in preventing heart disease.

The following are the objectives.

Reduce premature illness and death due to cardiovascular disease (CVD).

Reduce the proportion of Albertans who have one or more of the major CVD risk factors (smoking, high blood pressure, high blood cholesterol, physical inactivity).

Increase the proportion of Albertans who have none of the four major CVD risk factors.

Actions that could address these objectives are included in Goal 8 under substance use and abuse, healthy eating, physical activity, and health screening. Actions under Goal 5 objectives to promote health in our communities, workplaces and schools are also likely to have aspects that influence heart health.

INJURIES

Alberta's level of deaths from injuries among children under 15 years of age is one of the highest in Canada. Injuries are also a leading cause of hospitalization in this age group.

Injuries from accidents are the third leading cause of illness and early death among adult Albertans, and the leading cause of death for adults under 40. Intentional injuries associated with violent and abusive behaviour are also major causes of injury and premature death. Suicide is the second leading cause of death among people 25 to 64 years of age. Figure 8 shows the major causes of injury deaths for all age groups combined.

Older Albertans have a rate of non-intentional injuries and deaths from injuries about three times higher than the rest of the population. Injuries due to falls are a leading cause of hospitalization in this age group, especially for people over 80 years of age.

For all age groups combined, motor vehicle collisions and suicides account for the most injury-related deaths, and motor vehicle collisions and falls are the

Causes of Alberta Injury Deaths, 1985 and 1990

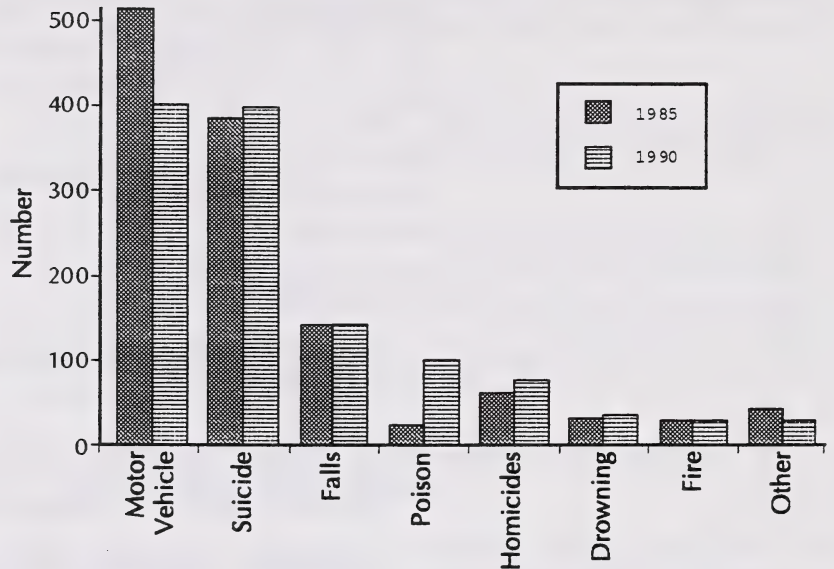


Figure 8. Source: Alberta Data Report, Injury Prevention Centre, University of Alberta Hospitals, 1993.

two leading causes of hospitalization. Alberta's suicide rate has been increasing since 1960, and was higher than the Canadian rate for the entire time.

The objectives chosen here focus on the most frequent and preventable injuries and deaths: motor vehicle collisions; workplace injuries; sports and recreational injuries, including those involving firearms; injuries in the home; and intentional injuries and violence, including suicide and homicide.

Reduce the overall rate of injuries, and the rate of deaths from injuries.

Reduce the rate of work-related deaths and workplace injuries.

Reduce the rate of injuries from sports and recreational activities, and injuries occurring in the home and community.

Reduce the rate of injuries from motor vehicle collisions, and the death rate from alcohol-related motor vehicle collisions.

Reduce the rates of intentionally inflicted injuries including suicide and homicide, the rates of injuries from violence and physical abuse, and the proportion of Albertans who say they have been personally affected by violence.

Actions related to these objectives are found in Goal 5 under family and community safety and well-being, Goal 6 under health and safety of the human-built environment, Goal 8 under substance use and abuse and protective behaviour, and Goal 9 under personal responsibility for reducing risk.

MENTAL HEALTH

One out of five people will have a mental health problem at some point in their lives. High levels of stress reported by Albertans in all walks of life, high suicide rates, alcohol and drug abuse, and family violence are manifestations of difficulties in coping and maintaining our psychological well-being. The 1990 Health Promotion Survey done by Health and Welfare Canada found that 65% of Albertans feel their lives are very or somewhat stressful. This rises to over 75% for people between 30 and 39 years of age.

Mental illness affects a significant number of Albertans. Mental diseases and disorders are a leading cause of hospitalization in Alberta for adults in their middle years, especially women. Care and treatment for those of us with

Community Care for Chronically Mentally Ill Adults

Agencies and individuals working together:

Alberta Hospital Edmonton (AHE)
Local Health Unit
Mental Health Clinic
Life Skills Program
Approved Home Operator/Landlord
Sheltered Workshop
Income Support/Assured Income for the Severely Handicapped
Family Physician
Client's Family

When an adult with schizophrenia is about to be released from Alberta Hospital Edmonton, the psychiatric

nurse at AHE notifies a therapist at the community Mental Health Clinic. The client, therapist and hospital staff attend a discharge conference where the client's needs, and community resources to meet those needs, are identified. Community organizations and caregivers then work together to coordinate the services. Resources might include income support, rehabilitation programs, treatment follow-up, and accommodation. Collaboration between all the team members, including the client and their family, enables and supports the client's continued functioning in the community.

severe and persistent mental illnesses are particularly challenging needs. The following are preliminary objectives for care and treatment of mental illness.

Reduce the impact of mental illness on individuals, families and communities. One target might be an increased number of families who feel they can care for a mentally ill family member.

Increase the recovery rate of clients from mental dysfunction, disease and disorder. Targets might be improved capacity to cope with a mental disorder or improved ability to function independently in the community.

Increase public understanding about the nature of mental illness.

Promotion of mental health and prevention of mental health problems require understanding of the factors that influence our psychological well-being. Research has shown that our psychological well-being is affected by many interrelated factors -- biological, psychological and social. It depends strongly on our overall level of health, family income and the cumulative effects of stressful events. Effective methods of coping with stress, and availability of social support networks are known to enhance mental health and help prevent mental health problems and other health and social problems.

A considerable body of research shows that mental health problems are associated with other social problems such as crime, child abuse, substance abuse and family violence. The Social Problem Index developed with Statistics Canada data combines information on crime, divorce, alcoholism and suicide rates to provide an overall indicator of problems. Alberta has the highest index, indicating the most serious problems, of any province. Only Yukon and the Northwest Territories are higher.

Objectives for promoting mental health and preventing mental health problems and other associated problems must address our economic, family and community well-being, social support and coping skills. Objectives for other health goals do this, so separate objectives are not included here. Goal 3 addresses the economic well-being of low income Albertans. Goal 5 includes objectives for improving the economic well-being of families, reducing family breakdown and family violence, increasing the ability of families to cope with the stresses of balancing work and family responsibilities, increasing social support from family and friends, and increasing citizen participation and control of decisions that affect family and community health. Goal 9 includes several objectives that address coping skills, stress management, self esteem and sense of control over life.

As well, other goals include objectives that relate to mental health. An objective for reducing intentional injuries, including violence and suicide, is included earlier in Goal 1. Goal 7 includes an objective for increasing opportunities for persons with disabilities, including mental disorders, to maximize their independence and participate fully in the lives of their communities. And Goal 8 has an objective for reducing substance abuse.

POSITIVE BIRTH OUTCOMES

One of the best ways to ensure a healthy population is to start with healthy babies from birth. Babies with low birth-weights and premature babies are at greater risk of developmental delay and other health problems. Diseases and conditions that occur during pregnancy, for example, maternal rubella, herpes, HIV/AIDS, Fetal Alcohol Syndrome, and maternal malnutrition, can harm the unborn baby. Teenage pregnancies are associated with poorer birth outcomes. These are all things that can be prevented.

Two objectives were chosen as a starting point for healthier birth outcomes.

Maintain the current low overall rate of infant mortality, and reduce the rate in high-risk groups.

Increase the proportion of infants with a birth-weight in a healthy range.

Actions that could address these objectives are included in Goal 3 under reducing inequities in health status, Goal 4 under family well-being, and Goal 8 under substance use and abuse and healthy eating.

COMMUNICABLE DISEASES

HIV and AIDS: The number of newly diagnosed AIDS cases in Alberta increased to 73 in 1991 from 4 in 1983, as shown in Figure 9. Since 1986, just under 1,650 of the AIDS tests done in Alberta were positive for HIV infection. Some of these may be repeat tests, but they indicate a considerable number of Albertans are infected. Although the number of AIDS cases is still relatively small, the number will continue to increase for years to come. This is because 10 or more years can pass from the time of infection with HIV to development of AIDS.

There is no cure, but new infections can be prevented. HIV is now transmitted primarily through unprotected sexual contact and injection drug use with infected equipment. The following is the objective.

Reduce the rate of HIV infections.

Actions to address this objective are included in Goal 8 under sexual behaviour, and in Goal 9 under personal responsibility for reducing risk.

New AIDS Cases by Year of Diagnosis, Alberta, 1983-91

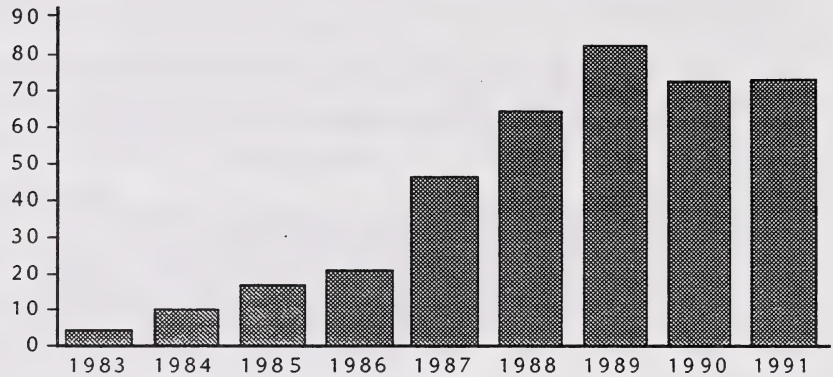


Figure 9. Source: 1991 Statistical Report: Sexually Transmitted Disease Control, Alberta Health.

Sexually Transmitted Diseases: These diseases account for an increasing proportion of illness in Alberta's adolescents and young adults. The most frequently occurring are chlamydia, gonorrhea and non-gonococcal urethritis/mucopurulent cervicitis (NGU/MPC). Chlamydia and NGU/MPC levels are decreasing, but gonorrhea rates are stable. Increasing resistance to antibiotics of some strains of gonorrhea is a concern.

All of these diseases are preventable, and the current levels are unacceptably high. Up to 30% of the cases of infertility in young couples could be prevented by prevention of gonorrhea and chlamydia infections. The following is the objective.

Reduce the rate of chlamydia, gonorrhea and NGU/MPC among adolescents and young adults aged 15 to 25 years.

Actions to address this objective are included in Goal 8 under sexual behaviour, and in Goal 9 under personal responsibility for reducing risk.

Vaccine Preventable Diseases: Effective immunization programs have reduced these communicable diseases to very low levels in Alberta. However, they still pose a potential threat to children's health. Occasionally, diseases such as measles and whooping cough flare up because of the lack of comprehensive immunization programs.

Immunizations at the appropriate ages are effective in preventing these diseases, and is one of our most powerful tools for maintaining and improving the good health of Alberta's children. Maintaining our very high levels of immunization, and improving the levels in some groups, is essential. This means we must combat complacency about the health impact of communicable diseases and make sure that information about the great benefits in relation to the minor risks is widely available. As well, immunization must be easily

Selected Notifiable Diseases: Alberta, 1985-1991

	1985	1986	1987	1988	1989	1990	1991
AIDS	13	22	41	43	89	83	85
Chicken Pox	--	14,221	18,930	11,432	11,849	14,859	10,759
Giardiasis ("Beaver Fever")	1,509	1,610	1,531	1,486	1,411	1,480	1,562
Hepatitis A	421	310	143	210	242	298	234
Hepatitis B	176	194	181	140	124	106	145
Measles (Rubeola)	78	811	740	91	18	15	11
Mumps	181	233	252	151	129	121	95
Rubella (German Measles)	436	1,156	388	211	327	71	61
Tuberculosis	178	209	205	176	133	156	173

Figure 10. Source: Communicable Disease Control and Epidemiology, Alberta Health, 1993.

accessible to all Alberta families with young children. The following are the objectives for some of the major vaccine preventable diseases.

Maintain levels of diphtheria, tetanus and polio cases at or near zero.

Reduce the number of cases of measles, rubella, mumps and whooping cough.

The objective for Goal 8 on protective practices can be achieved by increasing the proportion of Albertans who are appropriately immunized for their age and risk status.

Other Communicable Diseases: Other communicable diseases that affect a significant number of Albertans are also preventable. Their consequences to the infected person and the possibility of infecting others can also be reduced through early detection and treatment. Levels of viral hepatitis have been relatively stable for a number of years, but are unacceptably high. Higher levels of immunization of selected risk groups could improve the situation. Tuberculosis, once thought to be a problem of the past, is becoming a threat again. Increasing numbers of cases are being seen in populations with poorer health status. The following are the objectives.

Reduce the rate of vaccine preventable viral Hepatitis A, Hepatitis B and Hepatitis C.

Reduce the rate of active tuberculosis cases.

Goal 2: To make decisions based on good information and research.

We need sound information as a basis for decisions on the future of the health system. Progress towards Goal 2 will provide the foundation for addressing Goal 3 (including a health perspective in public policy) and Goal 4 (appropriate, accessible, affordable health services). Action on Goals 3 and 4 cannot be delayed until we have all the information we ideally might want. But we must begin immediately to improve the availability and accessibility of information on the health of particular groups at risk, the cost-effectiveness of health services and technologies, and the preventability of health problems. This information is crucial for health system planning in the short to middle term.

Research into the influence on our health of biology and our environments will take more time, but the information it yields should make a powerful contribution to development of programs and public policies to promote health and prevent illness. A sustained commitment to Goal 2 will also ensure we have the information needed to anticipate and respond to future health issues.

Better research and information about the relationship between health and lifestyle is also needed, as is research into the best methods to help us adopt and sustain healthy behaviours. And better consumer information about the appropriateness, benefits and risks of various health treatments and interventions is needed to help us make responsible decisions about our use of health care services.

OBJECTIVES FOR GOAL 2

The initial objectives for Goal 2 focus on areas where there are opportunities to improve our understanding of how to promote health and prevent illness, and to improve the cost-effectiveness of our health services. More objectives may be added as health information needs are clarified. The new Canadian Institute for Health Information, in which Alberta is a partner, will help identify future needs and directions.

In the area of information to help us make informed and responsible decisions about our own health and our use of health care, Alberta is a partner in developing a national public education strategy. Our objectives in this area link with those of the national strategy.

Considerable health research is already conducted in Alberta. However, the focus has been primarily on biomedical research. More emphasis is needed on research into health promotion and prevention, and health protection, and on evaluation of the cost-effectiveness of health services. There is also a need to

ensure that research in various parts of the health system is complementary and coordinated, so that we get the best results for our research dollars.

The objectives and priorities for this goal are:

Increase the availability of information to help individual Albertans make informed health decisions.

- Increase our understanding about the links between health and lifestyle, and how to stay healthy.
- Increase our understanding about current issues in the health system, and how to participate as responsible partners in decisions about our use of health care services.

Increase the availability and use of information to guide provincial, regional and local health planning.

- Increase the use of health indicators as a basis for health system planning.
- Develop indicators and measures for health goals, where these are currently lacking.
- Establish regular reporting of information on progress in achieving Alberta's health goals.

Increase the amount and quality of research on health influences for which knowledge is at a relatively early stage of development.

- Increase research on the health effects of social and physical environments, and the relationship between public policies and health.
- Increase research on effective methods of promoting health and preventing illness and injury.
- Increase research on cost-effectiveness of health programs, services and technologies.
- Set priorities for applied health research, through collaboration among funding organizations, researchers and other partners.

Goal 3: To include a health perspective in public policy.

Public policy, not just in the health sector but in all sectors, has a powerful influence on health. It largely determines the nature and accessibility of health services, and has a significant impact on the availability of health information. It influences our social, economic, cultural and physical environments.

These environments in turn affect our health directly, and also indirectly influence the health choices we make, the opportunities those of us with disabilities and health limitations have to live independently and optimize our health, and our capacity to develop and exercise skills to face life's challenges in healthy ways.

This goal has a very broad scope, and over time a large number of objectives and actions could be undertaken to address it. The initial objectives were chosen with a view to providing a practical and achievable starting point.

OBJECTIVES FOR GOAL 3

A necessary first step in addressing this goal is to develop tools to help assess the potential positive and negative health impacts of public policy decisions. The factors that affect individual and community health should be covered, as should the possible effects of policy actions on individuals, families, groups and the health system. The tools could be used by public policy makers at the local and provincial level, for example by local governments, school boards, local health authorities, and provincial government departments and agencies.

The first objective for Goal 3, therefore, is to:

Develop and implement practical tools for local and provincial public sector organizations to use in assessing potential health impacts of public policy decisions.

Some provinces have begun to develop tools for health impact assessment of public policy. Alberta can build on this work. For example, the provincial government in British Columbia is preparing materials to be used as part of the Cabinet process for considering submissions for legislative, regulatory and policy decisions. Health factors to be considered in B.C.'s impact assessment include economic security, housing, employment and working conditions, education, social support, safety, health care services, equity, and opportunities for citizens to participate in decision making. A tool that could be used by local governments is also being developed by B.C.

The second objective for this goal addresses one of our major health challenges -- the poorer health status of some groups of Albertans, particularly those with lower incomes. Figure 11 shows that those of us with lower

Percent of Albertans Reporting Excellent or Very Good Health, by Income, 1991.

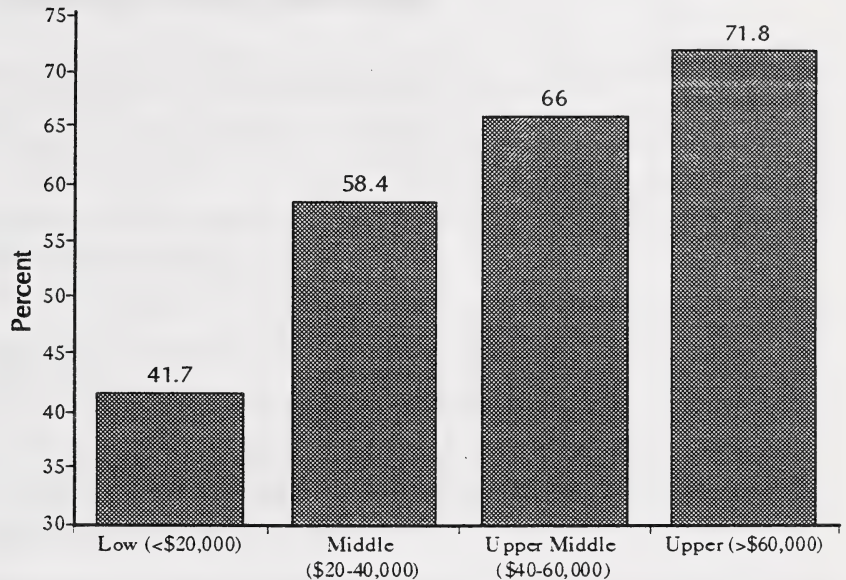


Figure 11. Source: Statistics Canada, General Social Survey, 1991.

incomes feel our health is much poorer than those with higher incomes. We also know that the health status of lower income groups is worse, for example on factors such as infant mortality and maternal and child health. Reducing this inequity will require sustained action. Public policy will be an essential tool.

The overall objective and priorities are:

Reduce the gap in health status between groups of Albertans with lower and higher incomes, through coordinated public policy initiatives.

- Improve accessibility of primary health care, prevention and health promotion services to Albertans with low incomes.
- Establish a process for intersectoral coordination of new provincial government policy initiatives that could have a significant health impact on low income groups, with the emphasis on the health, social, economic and justice sectors.

Goal 4: To have appropriate, accessible and affordable health services.

Most of what affects our health lies outside the health service delivery system. However, access to appropriate health services is a factor in improving and maintaining the health of Albertans. We need a health system which is:

Appropriate: Health services should contribute to improved health and well-being. The right services must be provided at the right time, in the right place, by the right mix of health service providers.

Accessible: Health services must be better integrated to meet the needs of the consumer. The health system should be restructured to provide ready access to appropriate health services when they are required.

Affordable: Health services must be well-managed and cost-effective. The Government's plan for deficit elimination is critical to maintaining a strong economy that also contributes to the health and well-being of Albertans.

Through community-based planning and decision-making, the health system will be restructured to allow for access to appropriate health services at a cost that present and future taxpayers can afford.

Areas across the province will be asked to develop health plans that address health goals and meet fiscal targets. The plans will present new ways of delivering services focusing on the individual consumer and the particular needs of each community. They will place greater emphasis on promoting good health, preventing injuries and illnesses, supporting those with health limitations to live in their own homes, partnerships with groups outside the traditional health system, and cost-effective service delivery.

OBJECTIVE FOR GOAL 4

Restructure the health system through community-based planning.

More specific directions for health services will be developed based on continuing consultations.

Goal 5: To live in strong, supportive and healthy families and communities.

Families and communities are the main settings where the influences of the social, economic and cultural environment occur.

Families: Our families are the single greatest influence on our lives. Families shape who we are, how we feel about ourselves, and how we face life's challenges. Strong families make a fundamental contribution to the health and well-being of their members.

In a recent public consultation conducted by the Premier's Council in Support of Alberta Families, Albertans were asked about their concerns for the family. The number one issue was family financial health. Other things people thought needed attention were: the potentially negative influence of mass media on the family; the need to support families to ensure their members get the best possible education; and the need for effective services to respond to family needs and problems such as dealing with stress and preventing family breakdown.

The structure of the family and roles of family members are changing. This is placing new stresses on family life. Twelve percent of families in Alberta are headed by a single parent, and the rate of single parent families is growing. The income of single parent families with children under 16 is less than one-quarter the income of those with two parents in the household. Both parents work in nearly one-third of two-parent families. About 45% of mothers of children under 16 work full time, with another 20% working part time.

Supporting and strengthening families is essential to maintaining and enhancing the health of Albertans. The Premier's Council is already taking action on many fronts to support Alberta families. As well, the report of the Advisory Committee on Alberta's Economic Future *Toward 2000 Together* will result in an economic strategy that will support and enhance the economic well-being of families and communities.

Communities: After our families, the settings and social institutions of our communities are the next most important influence on our health and well-being. A community may be defined geographically, or it may consist of people who have shared characteristics and interests.

The places where we spend many of our waking hours -- our schools and workplaces -- are particularly important community settings. These settings have powerful influences on health. They can support and help us develop and maintain healthy lifestyles, positive coping skills, and strong social networks. Unfortunately, they may also be the source of health risks and negative

Healthy Communities

A major international and national focus on promoting awareness of the healthy community concept and building municipal support for appropriate projects has caught the imagination of communities throughout Alberta.

For example, Calgary, Edmonton, St. Paul, Red Deer, Lethbridge, Medicine Hat, Leduc, Ft. McMurray, Hanna, Ft. Saskatchewan and Lethbridge have all become involved.

Healthy Communities promote many different kinds of projects, but concentrate on building links between health and other areas such as economic development and environmental concerns, creating environments more supportive of people and their families, and strengthening the community's ability to improve the health and well-being of its citizens.

influences. Actions to ensure that our schools and workplaces support our health will, therefore, make an important contribution to achieving this goal.

For example, the Alberta Coalition for School Health is working to implement a "comprehensive school health" model in communities across the province. This model provides an integrated spectrum of programs, activities and services in schools and their surrounding communities.

The aim is to promote student health, prevent health problems and injuries, and support children who are at risk or who have health limitations or problems. Instruction about health, provision of support services for children and their families, and actions to ensure a healthy physical and social environment within the school are all part of the approach. Students, teachers, other school staff, families, and representatives of community services and organizations identify the priorities that make sense for the school, and then

provide programs that respond.

Comprehensive health programs are also being developed in workplaces across Alberta. In these programs, the employer and employees work together to identify health issues and opportunities to improve health, and then implement solutions. More traditional occupational health and safety services such as first aid, safety training and employee assistance programs are combined with programs to promote healthy lifestyles, and programs to ensure the entire social and physical work environment supports health.

Other aspects of the community are also important to the health of the individuals and families that live there. For example, the safety of the community, the effectiveness of its transportation systems, the adequacy and affordability of its housing, its recreational facilities, and especially its general level of economic prosperity are all important in supporting our health.

As well, research tells us that social networks and supports that exist within the community -- friends, colleagues and family -- are a major contributor to our health and well-being. Strengthening all of these factors will contribute to a healthier Alberta.

OBJECTIVES FOR GOAL 5

To respond to the issues outlined above, the following objectives are proposed.

Increase the well-being of Alberta families.

- Reduce unemployment and ensure adequate family income.
- Reduce family breakdown and violence within families.
- Increase the capacity of families to balance work and home responsibilities.
- Increase the proportion of Albertans who report having supportive family and friends in whom they can confide and turn to in a crisis.

Increase public participation in making communities healthier and safer.

- Increase the number of communities participating in the healthy and safe communities movement -- in which communities identify and take action on their own health priorities.

Increase the comprehensive emphasis on health in schools and workplaces.

- Accelerate the progress in Alberta schools in implementing the comprehensive school health model.
- Increase the proportion of Alberta workplaces with comprehensive health programs.

Actions to accomplish the objective on family well-being will be closely linked to the work of the Premier's Council in Support of Alberta Families. As well,

public policy initiatives for reducing gaps in health status between low and higher income Albertans (Goal 3) will support this objective.

Collective Kitchens

Professionals & Agencies working together:

Nutritionists
Community Kitchen associations
Community health nurses
Hospitals
Food banks
Churches
Department of Agriculture
Family and Community Support
Services
Service clubs
Volunteers
Women's shelters
Community agencies

Collective kitchens are small groups of people cooking together to pool their knowledge, skills and money to make low-cost nutritional meals for their families. Enhanced knowledge and skills obtained in a socially supportive environment contribute to healthier children and families.

This project operates through a number of health units: Calgary Health Services, Leduc-Strathcona Health Unit, Sturgeon Health Unit, Edmonton Board of Health, North-Eastern Alberta Health Unit.

Goal 6: To live in a healthy physical environment.

In the natural environment, we must attend to the quality of our air, water and land. The *Clean Air Strategy for Alberta* was published in November 1991 by Alberta Energy and Alberta Environment. It identifies the most important issues regarding energy-related emissions, and outlines practical and achievable actions that can be taken to reduce emissions.

The goals and strategies recommended in the *Clean Air Strategy* provide the basis for the objectives on clean air and reduction of atmospheric damage proposed below. Action in this area will require collaboration among many partners in Alberta, as well as cooperation with other provinces and countries. Canada has signed several international agreements related to air quality and reduction of emissions, and Alberta is a partner in implementing these.

Alberta also has programs and planning initiatives to protect and improve the quality of our water, to prevent contamination of our land and to reduce the amount of waste we dispose of. These initiatives provide the foundation for the objectives on water quality and waste reduction outlined below.

For the human-built environment, the initial priority will be to strengthen the health and safety standards in facilities where Albertans spend a great many of their waking hours -- workplaces and recreation and sport facilities. Currently, only about 50% of worksites have implemented acceptable health and safety conditions and practices. Recreation and sports facilities can present risks to health and safety, but at the same time offer opportunities to enhance health and well-being.

Focusing on the physical aspects of these facilities will complement the emphasis in Goal 5 on social environments that support health.

OBJECTIVES FOR GOAL 6

The initial objectives and priorities for this goal address factors for which there is a consensus about what is feasible and most important in protecting, promoting and maintaining population health. The first four objectives address the natural environment, and the last concerns the human-built environment.

Improve the quality of the air we breathe and decrease damage to the atmosphere.

- Continue to improve air quality as it relates to substances that are potentially hazardous to health.
- Eliminate release of ozone-depleting chlorofluorocarbons

(CFCs) and halons.

- Reduce emissions of carbon dioxide and other greenhouse gases with the potential to cause adverse health effects due to climate change.

Protect and continue to improve the quality of our ground water, surface water and drinking water.

- Reduce release of potentially hazardous substances, including chemical and microbial agents.

Reduce the amount of waste we dispose of.

- Reduce solid waste, for example through waste minimization, recycling and product engineering.

Ensure availability of information needed for development of strategies to protect our air, water and soil.

- Prepare and publish health risk assessments for substances of concern in the environment.

Protect and improve the health and safety of the human-built environment in which we work, live and play.

- Reduce involuntary exposure to second-hand smoke in indoor environments.
- Increase the proportion of Alberta worksites and sport and recreation facilities with acceptable health and safety conditions and practices in place.

Ensuring availability of information on the health risks of substances in the environment is an example of the kind of research and information needed to make good decisions about health (Goal 2). Alberta Health will set priorities for health risk assessment topics with Alberta Environmental Protection and other partners, as part of ongoing cooperative efforts to protect the environment and the health of Albertans.

Goal 7: To recognize and maximize individual potential in spite of biological differences.

One main focus of this goal is the enhancement of opportunities to optimize the health of those with disabilities and other health limitations. This includes limitations associated with the aging process. Support by way of appropriate public policies and appropriate, accessible health services can help make this aim attainable. Healthy social, economic, cultural and physical environments also make a major contribution, as do positive coping skills for facing the challenges of life and dealing with health limitations.

Lakeland Seniors Project

Agencies working together:

North Eastern Alberta Health Unit
Health and Welfare Canada
Lakewood Family and Community Support Services
Pierceland (Sask.) Seniors Drop In Centre
Cherry Grove Seniors Drop In
Grand Centre Seniors Drop In
Cold Lake Seniors Drop In
Riverhurst Seniors Drop In

This project coordinates services to promote the independence and well-being of seniors in Lakeland. It focuses on wellness (physical and mental well-being), transportation and mobility, and community support and recognition for seniors.

Another focus of the goal is assisting us to make difficult health decisions. Examples might be decisions about ethical issues such as continuation of artificial life support, or reproductive decisions faced by those of us with hereditary disorders.

A third focus for the goal is early intervention to reduce the seriousness of health limitations, or prevent or reduce the future health risks that may arise from a person's hereditary make-up or other physical conditions.

OBJECTIVES FOR GOAL 7

The following are the objectives:

Increase opportunities for Albertans with disabilities and ongoing health limitations to maintain their independence and participate in the life of their communities to the fullest extent possible.

- Increase the proportion of Albertans who receive necessary care and support in community settings rather than institutional settings, and develop resources to help strengthen and maintain their coping skills and capacity for self-care.
- Increase accessibility to all aspects of community life, including education, employment, transportation and housing.

Strengthen the capability of the health system to provide information and consultation to Albertans and their families when faced with difficult health decisions.

Reduce disability and enhance functional capabilities through early intervention, as example for people with hereditary conditions or children with developmental delays.

Goal 8: To choose healthy behaviours.

Previous sections of this report discuss the influence on our health of our behaviours and lifestyles, and provide an overview of how this goal responds. This section presents objectives in six areas judged to have the highest priority for change: substance use and abuse, including tobacco and alcohol; physical activity; healthy eating; sexual behaviour; health screening; and other protective practices.

The detailed information for Goal 1 presented earlier in this section of the report shows how many of the causes of illness, injury and premature death are linked to our choices about healthy behaviours. The particular health behaviours which have been selected for action are those with the greatest potential to prevent these problems, and at the same time enhance our well-being.

OBJECTIVES FOR GOAL 8

For each of the six chosen areas for health behaviour change, the following material briefly outlines why each area was selected and presents the objectives that have been developed.

SUBSTANCE USE AND ABUSE (TOBACCO AND ALCOHOL)

Use and misuse of tobacco and alcohol have strong links to a number of health problems. Smoking is the leading cause of lung cancer and a major risk factor for respiratory problems and cardiovascular disease. Although the number of Albertans who smoke has been gradually declining, a significant number still do. In 1990, 24% of people under 20 years of age, and 30% of those 20 years of age and older were smokers. People between 20 and 29 years of age have the highest smoking rate -- 36%.

Take a Breath of Fresh Air

Agencies working together:

Alberta Cancer Board—Lead Agency
Cancer Prevention Program
Alberta Council on Smoking and Health
Alberta Lung Association
Barons-Eureka-Warner Health Unit
Canadian Cancer Society
Chinook Health Unit
City of Lethbridge
Lethbridge Community College
City of Lethbridge Health Unit
Lethbridge Regional Hospital
The University of Lethbridge

Twelve agencies worked together on a *Quit to Win* contest in southwestern Alberta. Smokers wanting to quit entered the contest, which featured prizes such as vacation packages, mountain bikes and golf memberships. Entrants who were smoke-free after a minimum of one month became eligible to win a prize. In 1992, 51% of those entering made the minimum one month smoke-free qualifier.

Alcohol is used to some extent by a large proportion of Albertans. In 1990, 84% of people over 15 years of age said they drank at least once in the past year, including 80% of adolescents. Like smoking, people between 20 and 29 years have the highest levels -- 89% use alcohol. And 38% of Albertans drink once a week or more frequently.

Although most of us who drink do so responsibly most of the time, alcohol misuse is a leading cause of premature

death, injury and disability. It is primarily associated with injuries and deaths resulting from accidents and violence. Both smoking and alcohol use during pregnancy have been linked to lower birth-weights and other negative birth outcomes.

The objective and suggested priorities are:

Reduce use of tobacco and misuse of alcohol.

- Increase the proportion of Albertans who do not use tobacco.
- Delay the age at which adolescents begin to use alcohol, and reduce alcohol consumption among adolescents.
- Increase the proportion of Albertans who do not drink, or drink only in moderation.
- Reduce the use of tobacco, alcohol and drugs by pregnant women.
- Reduce the rates of drinking and driving.

PHYSICAL ACTIVITY

Regular exercise has been shown to reduce the risk of cardiovascular disease, diabetes, obesity, back ailments and some cancers. It also slows the natural degeneration that accompanies the aging process. In addition, it contributes to positive well-being by reducing tension and anxiety. Many people feel that regular physical activity is a significant contributor to their overall physical and mental health.

Research now shows that even very moderate levels of physical activity provide substantial benefits. In 1990, 77% of Albertans reported they exercise at least once a week, and 56% exercise three times a week or more. However, the health enhancing benefits of exercise are not being enjoyed at all by the 20% of Albertans who never exercise.

The objective and suggested priorities are:

Increase healthy physical activity.

- Reduce the proportion of Albertans who are physically inactive.
- Increase the proportion of Albertans who get moderate physical activity on a daily basis.

HEALTHY EATING

Poor nutrition and unhealthy eating habits are thought to cause as much as 30% of all diabetes, cardiovascular disease and cancer. Studies have found that school performance in children is linked to nutrition, body weight, and physical activity. During pregnancy, poor nutrition leads to insufficient weight gain for the mother and low birth-weights for the baby.

An appropriate body weight, which is largely determined by diet and exercise, is a significant contributor to our positive self-concept. This in turn has important effects on our mental health and our ability to make and sustain healthy choices.

The objective and suggested priorities are:

Increase the proportion of Albertans who have healthy eating habits.

- Increase the proportion of Albertans whose diets follow Canada's Food Guide to Healthy Eating.
- Increase the proportion of women who breast feed their infants from birth to 3 months or longer.

SEXUAL BEHAVIOUR

Healthy sexual relationships, including avoidance of risky sexual behaviours, help prevent sexually transmitted diseases and AIDS.

"It's Cool to Know Your Way in a Relationship"

Agencies working together:

Barrhead School District
Family and Community Support Services
Ministerial Association
AADAC
Boys' and Girls' Club
Sturgeon Health Unit

This project is a sexuality program for adolescents and parents. It focuses on communication between parents and teens and among teens, decision-making, self-esteem and sexuality, and coping with peer pressure. The intent is to strengthen families by improving parent-teen communication in this delicate area, and increasing teens' self-confidence and ability to make appropriate decisions.

The most common and damaging sexually transmitted diseases are chlamydia, gonorrhea and non-gonococcal urethritis/mucopurulent cervicitis (NGU/MPC). These diseases are a significant health problem. In 1991 there were 5936 cases of chlamydia, 1393 cases of gonorrhea, and 3386 cases of NGU/MPC. In addition to the direct toll they take, these diseases are linked to pelvic inflammatory disease, ectopic pregnancies, and infertility in men and women.

HIV/AIDS, another significant and growing health problem, is most often transmitted through sexual contact. AIDS prevention, therefore, also relies heavily on adoption of safe and healthy sexual attitudes and practices.

The rate of teenage pregnancies in Alberta is higher than in the rest of Canada. Although the

overall Alberta rate has been declining since 1981, some areas of the province are continuing to see increases, particularly the northern regions.

Adolescent pregnancy is a major concern because early child-bearing can result in significant negative health and social consequences for the adolescents and their children. Problems include higher levels of babies with low birth-weights, and higher levels of infant deaths and health problems for the mother and baby. There are also negative effects on the education and future employment of the parents, with long term poverty frequently being the outcome.

The objective and suggested priorities are:

Reduce the negative consequences of risky sexual behaviour.

- Reduce the rate of adolescent pregnancies.
- Delay the average age at which adolescents begin to have sexual intercourse.
- Increase the appropriate use of practices to prevent the sexual transmission of communicable diseases.

HEALTH SCREENING

Early detection followed by appropriate treatment or changes in lifestyle can often reduce the seriousness and negative down-the-road effects of a disease or health problem. Blood pressure screening is a good example. Control of blood pressure, through medication and/or behaviour change, significantly reduces the risk of cardiovascular disease.

In 1990, almost 60% of Albertans reported they had their blood pressure checked in the last six months, and almost 80% had a check within the last year. Increasing this to 100% would contribute to our objective in Goal 1 of reducing premature death and illness from cardiovascular disease.

We are increasing our understanding of the types of problems for which screening will be effective, and how often it should be done. By providing this information to health consumers and providers, we can maximize the cost-effectiveness of health screening. The objectives presented below reflect our current understanding of when screening is most useful. For some screening procedures such as blood pressure checks, there are settings other than physicians' offices where they can be done effectively, and at very low cost.

Screening for potential problems can sometimes be done by individuals themselves, as in breast self-examination or at-home blood pressure checks. In other cases, a health service is needed. We do not have cost-effective screening procedures for many illnesses, but for those where we do, their appropriate use should be encouraged.

To accomplish this, the objective and suggested priorities are:

Increase consumer understanding and use of appropriate health screening practices.

- Increase the proportion of women over 50 years of age who had a mammogram in the last two years.
- Increase the proportion of women between 18 and 65 years of age who had a Pap test in the last three years.
- Increase the proportion of Albertans who had their blood pressure checked in the last year.

OTHER PROTECTIVE HEALTH BEHAVIOURS

In addition to the above behaviours, there are practices and underlying attitudes that we can adopt to protect ourselves and others in various settings and activities of living. One of the most important, given the rising rates of skin cancer, is protection from exposure to the sun. The high levels of workplace and recreational injuries make protective behaviours in these settings important as well.

The objective and suggested priorities are:

Increase positive attitudes towards and adoption of health practices to protect ourselves and others.

- Increase the proportion of Albertans who are appropriately immunized for their age and risk status.
- Increase the proportion of Albertans who appropriately protect themselves from exposure to the sun.
- Increase attitudes and practices that will help prevent workplace injuries.

Goal 9: To develop and maintain skills for facing the challenges of life in a healthy way.

This goal is important in its own right, and also in supporting the objectives for some of the other goals. When we feel competent, and believe we have a reasonable degree of control over our lives, we are better able to take responsibility for our actions and our health. And we are more likely to contribute to the good health of others, and to participate in actions to make our communities healthier places to live.

When we feel competent and have good coping skills, we are better able to sustain healthy lifestyles. If we do experience health problems or difficult life circumstances, we are more able to cope with them. As well, when we have a sense of mastery and control of our lives, we are more likely to be active partners in managing our own health care and self-care.

OBJECTIVES FOR GOAL 9

The following objectives and suggested priorities are designed to help develop and enhance the positive skills and characteristics described above. In doing so, they strengthen our capabilities to enhance our own health and well-being, and that of our families and communities.

Increase the proportion of Albertans who exercise personal responsibility for reducing health risks to themselves and others.

- Increase the proportion of adolescents and young adults who refuse to engage in risky behaviours such as unprotected sex or drinking and driving, in spite of situational pressures to do so.

Increase the proportion of parents who are confident they have effective parenting skills.

- Increase the proportion of parents who say they are confident in setting behavioural expectations and limits for their children and adolescents.
- Increase the proportion of parents who say they are confident in their ability to communicate effectively with their children and adolescents about alcohol and drug use and sexuality.

Increase Albertans' use of positive strategies for managing stress.

- Decrease the stress levels reported by Albertans.
- Increase the proportion of Albertans who say they manage stress effectively without reliance on alcohol or drugs.

Increase Albertans' preparation and capacity for sustained employment and self-support.

- Increase the proportion of students entering Grade 9 who complete high school.

Increase the skills of Albertans and their sense of effectiveness in exercising control over life's circumstances and making positive contributions to their communities.

- Increase the levels of self-esteem reported by Albertans, and their sense of control and mastery over their lives.
- Increase the proportion of Albertans who make personal lifestyle choices to protect the natural environment and human health.

Positive results on these objectives will support the objectives for other goals. For example, good parenting skills should help reduce substance use and abuse by adolescents, an objective for Goal 8; and should also strengthen family well-being, an objective for Goal 5. Increased personal responsibility for reducing health risks and an increased sense of control over life's circumstances should support most or all the objectives in Goal 8; and should also contribute to protection of the natural environment, an objective for Goal 6, and to objectives in Goal 5 on healthy families and communities.

Nobody's Perfect Parenting Programs

Agencies working together:

Leduc-Strathcona Health Unit
Family and Community Support
Services

This program is designed for the parents of children ages birth to five who may be "at-risk." Parents may be young, single, low-income, low education, or socially, culturally or geographically isolated. Families are referred by a variety of community agencies and

professionals. Each family receives a visit prior to attending the program.

Conducted in small group sessions, the program increases parents' knowledge and understanding of their child's health, safety and behaviour. Parent confidence and self-image improve, coping skills increase, and a basis for self-help and mutual support is created in the group.

APPLYING THE GOALS: TURNING WORDS INTO ACTION

This final section of the report discusses what happens next to finalize the goals and objectives, and provides ideas for what various partners can do to implement our health goals for Alberta.

KEY POINTS

Our vision of healthy Albertans, living in a healthy Alberta -- and the goals that will lead to it -- can only be achieved if everyone works together in partnerships to respond to and create change. Various partners at different levels in all parts of the province will have a part to play.

Individuals and families can take more responsibility for their health and be active participants in their health care. Communities, including local health officials, health services, health care providers, local government officials, media, voluntary organizations, businesses, labour groups, churches and other community partners, can support the health and well-being of their members. Health professionals can be leaders and effective participants in the reshaping of our health system. And governments can play a key role in healthy public policy, and in supporting the actions needed to realize our health goals.

Alberta Health will coordinate the ongoing health goals process. This includes: communicating the goals and objectives to all parts of Alberta's health system and the public; working internally and assisting partners to implement the goals and objectives; tracking progress; and periodically revisiting and revising the goals and objectives.

The health goals for Alberta presented in this report show that by working together, we can develop a vision and direction to improve our health. The challenge now is to turn the words into action.

TURNING WORDS INTO ACTION

Our health goals for Alberta define the broad ideals we are striving for. The objectives will guide our specific actions to accomplish these ideals, as we respond to a changing economic and social environment.

Many partners have worked together to develop the goals and objectives. Members of the public and representatives of provincial and local governments, health units, hospitals, professional organizations, consumer and special interest groups, educational institutions, social service agencies and voluntary organizations have all been involved.

We can now continue to collaborate in implementing the goals and objectives in our organizations and communities. Strategies and actions by many different partners will be needed at the provincial, regional and local levels. This report does not outline specifically what those strategies and actions should be. It will be up to each partner to decide how to “buy in”.

WE ALL HAVE A PART TO PLAY

To accomplish our health goals, we will need commitment, energy and direction. Different partners can have different roles. We must work together to make sure our actions are complementary and minimize duplication. By using our knowledge, our energy and our financial resources efficiently and wisely, we can improve our health and ensure continued access to quality, affordable health care.

As individuals, we can take responsibility for good personal health habits and choices. We can act to make our communities healthier and safer places to live. We have heard Albertans say they truly value their health system. They also say that well thought-out changes can make this system more efficient and affordable.

At the community level, many partners can make a commitment to shared decision-making and cooperative action. Local governments, local health services and health care providers, media, voluntary organizations, businesses, labour groups, churches and other community partners can all make a contribution. Our health goals and objectives provide a framework to help community partners think in a broad and balanced way about how to improve the health of the community and its members. Appendix 3 presents suggestions about how communities can use the health goals for Alberta to support health planning and action.

At the provincial level, the Alberta Government has a key role. Alberta Health initiated the process of developing health goals, and continues to provide overall leadership and coordination. Ensuring a health perspective in public

policy will require leadership from the provincial government, and the commitment of all levels of government.

The participation of many sectors inside and outside government is essential to implement the range of strategies needed to address the goals and objectives. Government departments and agencies in key sectors such as health, environment, education, social services, justice, labour and many others can initiate and coordinate action in their sector, and collaborate with other sectors. The involvement of non-government organizations in the health and other sectors, including consumer organizations and a wide range of special interest groups, is crucial.

Organizations and individuals who provide health services have a significant role as initiators and supporters of change, particularly change to maintain the quality, accessibility and affordability of our health care services. And they can do much to help consumers be responsible and informed partners in their own health care.

By working together, we can accomplish our health goals and objectives and realize our vision for health. Publishing this report on the progress to date is part of a participatory process dedicated to keeping partners informed and giving everyone an opportunity to provide feedback.

NEXT STEPS

Alberta Health has the overall responsibility for moving the health goals process forward. This includes:

- Communicating the goals and objectives to all parts of Alberta's health system and the public;
- Providing advice and tools to help partners at all levels use the goals in their health planning and programs;
- Establishing a process to measure and track progress on the goals and objectives at the provincial level, including publication of regular provincial status reports;
- Facilitating exchange of information among various partners with an interest in particular goals, objectives or strategies; and
- Reviewing progress and revising the goals if necessary.

Various programs in Alberta Health and other Alberta Government departments and agencies are continuing to refine the objectives in consultation with partners inside and outside government.

Our progress to this point in the health goals process shows that many partners with diverse interests can work together to create a vision and a sense of shared direction.

Our challenge now is to turn the words into action.

APPENDIX 1

PROCESS FOR DEVELOPING THE HEALTH GOALS

THE MINISTER'S ADVISORY COMMITTEE ON HEALTH GOALS

The Minister's Advisory Committee on Health Goals for Alberta was established in 1991. The role of the Committee was to provide leadership for the goals process and develop a framework for health goals and objectives for Alberta. The following were the members, past and present.

Chairperson: Mrs. Cecilie Lord, Alberta Health

Former Chairperson: Mr. Don Junk, Alberta Health

External Representatives

Alberta Association of Registered Nurses

Mr. Luc Therrien
Dr. Beverley Robson
Ms. Jean Innes
Ms. Jennifer Sherwood
Dr. Phyllis Giovannetti

Calgary Health Services Dr. Brent Friesen

Department of Health Services,
Administration and Community
Medicine, University of Alberta
Dr. Duncan Saunders

Alberta Healthcare Association

Mr. Larry Odegard
Mr. Don Macgregor

Health Unit Association of Alberta Dr. James Howell

Alberta Medical Association

Dr. Vincent Hanlon

Nechi Institute on Alcohol and
Drug Education
Ms. Lois Loyer

Alberta Public Health Association

Dr. Tom Abernathy

Premier's Commission on Future
Health Care for Albertans
Mrs. Carol Snedden

The Consumers Association of Canada, Alberta, represented by Ms. Lynne Arling and Ms. Wendy Armstrong, were consulted in the last phase of the project.

Consultation services to the Committee were provided by Sharon J. Matthias Consulting and Bonnie Hutchinson and Associates.

Many other individuals provided invaluable assistance with the goal development process. They served as members of working groups that developed preliminary objectives and strategies, reviewed previous drafts of the goals and objectives, helped facilitate and participated in community consultation workshops and a provincial conference on the health goals, and worked with Alberta Health to identify objectives in this progress report.

CONSULTATION ON THE HEALTH GOALS

Community health goals workshops were held in four regions of the Province during late March and early April, 1992. The purpose was to provide feedback on the preliminary goals and objectives developed under the guidance of the Minister's Advisory Committee, identify key issues, set priorities and offer suggestions for future action.

The starting point for these events was an extensive document published by the Minister's Advisory Committee in February 1992, entitled *Goals for a Healthy Alberta: A Report of Preliminary Objectives and Strategies*. The priorities, objectives and strategies outlined in the document were developed by four work groups made up of Albertans with diverse expertise and experience, representing the public and the health system. Input was also obtained through mailings to various stakeholders requesting comments on the work in progress.

Workshop participants included health professionals and administrators, educators, social service providers, members of special interest groups, community planners, representatives of labour and business, and members of the public. Approximately 50 people from communities throughout the region attended each of the workshops, held in Lethbridge, Calgary, Red Deer and Peace River.

In May 1992, a Provincial Conference on Health Goals and Objectives for Alberta was held in Edmonton. More than 120 people attended, representing a broad range of community, business, educational and professional organizations and government departments. The purpose was to:

- Increase awareness of the provincial health goals process;
- Obtain feedback on the preliminary goals and objectives; and
- Encourage people to become spokespersons for the goals project, and consider how they might work to move the goals process forward.

The Minister's Advisory Committee finalized the goals and priorities following the four community workshops and the provincial conference, based on the input provided. Since that time, Alberta Health has been coordinating a process to finalize the objectives.

DEVELOPMENT OF OBJECTIVES

Alberta Health coordinated a process to develop objectives for the health goals. The following government departments and agencies and other organizations had participated up to July 30, 1993. The proposed objectives presented in this report were developed in consultation with these groups. Other departments, organizations and groups will also be consulted as the process proceeds.

Alberta Government Departments and Agencies

Advanced Education and Career Development
Alberta Alcohol and Drug Abuse Commission
Community Development
Economic Development and Tourism
Education
Energy
Environmental Protection
Family and Social Services
Justice
Labour
Transportation and Utilities

Other Agencies and Organizations

Alberta Cancer Board
Alberta Centre for Well-Being
Alberta Coalition for School Health
Injury Prevention Centre, University of Alberta Hospitals
Premier's Council in Support of Alberta Families
Sport Medicine Council of Alberta

APPENDIX 2

SUMMARY OF GOALS AND OBJECTIVES

Goal 1: To increase the number of years of good health by reducing illnesses, injuries and premature deaths and improving well-being.

Well-being

Increase Albertans' life expectancy in good health.
Increase the proportion of Albertans who rate their health as very good or excellent.

Cancer

Reduce the incidence of lung cancer in men and slow the rate of increase in women.
Reduce the rate of deaths from breast cancer.
Reduce the incidence of invasive cervical cancer.
Reduce the incidence of melanoma and non-melanoma skin cancers.

Cardiovascular Disease

Reduce premature illness and death due to cardiovascular disease (CVD).
Reduce the proportion of Albertans who have one or more of the major CVD risk factors (smoking, high blood pressure, high blood cholesterol, physical inactivity).
Increase the proportion of Albertans who have none of the four major CVD risk factors.

Injuries

Reduce the overall rate of injuries, and the rate of deaths from injuries.
Reduce the rate of work-related deaths and workplace injuries.
Reduce the rate of injuries from sports and recreational activities and injuries occurring in the home and community.

Reduce the rate of injuries from motor vehicle collisions, and the death rate from alcohol-related motor vehicle collisions.

Reduce the rates of intentionally inflicted injuries including suicide and homicide, the rates of injuries from violence and physical abuse, and the proportion of Albertans who say they have been personally affected by violence.

Mental Health

Reduce the impact of mental illness on individuals,

families and communities. One target might be increased number of families who feel they can care for a mentally ill family member.

Increase the recovery rate of clients from mental dysfunction, disease and disorder. Targets might be improved capacity to cope with a mental disorder or improved ability to function independently in their community.

Increase public understanding about the nature of mental illness.

Positive Birth Outcomes

Maintain the current low overall rate of infant mortality, and reduce the rate in high-risk groups.

Increase the proportion of infants with a birth-weight in a healthy range.

Communicable Diseases

Reduce the rate of HIV infections.

Reduce the rate of chlamydia, gonorrhea and NGU/MPC among adolescents and young adults aged 15 to 25 years.
Maintain levels of diphtheria, tetanus and polio cases at or near zero.

Reduce the number of cases of measles, rubella, mumps and whooping cough.

Reduce the rate of vaccine preventable viral Hepatitis A, B and C.

Reduce the rate of active tuberculosis cases.

Goal 2: To make decisions based on good information and research.

Increase the availability of information to help individual Albertans make informed health decisions.

◆ Increase our understanding about the links between health and lifestyle, and how to stay healthy.

◆ Increase our understanding about current issues in the health system, and how to participate as responsible partners in decisions about our use of health care services.

Increase the availability and use of information to guide provincial, regional and local health planning.

◆ Increase the use of health indicators as a basis for health system planning.

◆ Develop indicators and measures for health goals, where these are currently lacking.

◆ Establish regular reporting of information on progress in achieving Alberta's health goals.

Increase the amount and quality of research on health influences for which knowledge is at a relatively early stage of development.

◆ Increase research on the health effects of social and physical environments, and the relationship between public policies and health.

◆ Increase research on effective methods of promoting health and preventing illness and injury.

◆ Increase research on cost-effectiveness of health programs, services and technologies.

◆ Set priorities for applied research, through collaboration among funding organizations, researchers and other partners.

Goal 3: To include a health perspective in public policy.

Develop and implement practical tools for local and provincial public sector organizations to use in assessing potential health impacts of public policy decisions.

Reduce the gap in health status between groups of Albertans with lower and higher incomes, through coordinated public policy initiatives.

◆ Improve accessibility of primary health care, prevention and health promotion services to Albertans with low incomes.

◆ Establish a process for intersectoral coordination of new provincial government policy initiatives that could have a significant health impact on low income groups, with emphasis on the health, social, economic and justice sectors.

Goal 4: To have appropriate, accessible and affordable health services.

Restructure the health system through community-based planning.

Goal 5: To live in strong, supportive and healthy families and communities.

Increase the well-being of Alberta families.

◆ Reduce unemployment and ensure adequate family income.

◆ Reduce family breakdown and violence within families.

◆ Increase the capacity of families to balance work and home responsibilities.

◆ Increase the proportion of Albertans who report having supportive family and friends in whom they can confide and turn to in a crisis.

Increase public participation in making communities healthier and safer.

◆ Increase the number of communities participating in the healthy and safe communities movement - in which communities identify, and take action on, their own health issues.

Summary of Goals and Objectives (continued)

Increase the comprehensive emphasis on health in schools and workplaces.

- ◆ Accelerate the progress in Alberta schools in implementing the comprehensive school health model.
- ◆ Increase the proportion of Alberta workplaces with comprehensive health programs.

Goal 6: To live in a healthy physical environment.

Improve the quality of the air we breathe and decrease damage to the atmosphere.

- ◆ Continue to improve air quality as it relates to substances that are potentially hazardous to health.
- ◆ Eliminate release of ozone-depleting chlorofluorocarbons (CFCs) and halons.
- ◆ Reduce emissions of carbon dioxide and other greenhouse gases with the potential to cause adverse health effects due to climate change.

Protect and continue to improve the quality of our ground water, surface water and drinking water.

- ◆ Reduce release of potentially hazardous substances, including chemical and microbial agents.

Reduce the amount of waste we dispose of.

- ◆ Reduce solid waste, for example through waste minimization, recycling and product engineering.

Ensure availability of information needed for development of strategies to protect our air, water and soil.

- ◆ Prepare and publish health risk assessments for substances of concern in the environment.

Protect and improve the health and safety of the human-built environment in which we work, live and play.

- ◆ Reduce involuntary exposure to second-hand smoke in indoor environments.
- ◆ Increase the proportion of Alberta worksites and sport and recreation facilities with acceptable health and safety conditions and practices in place.

Goal 7: To recognize and maximize individual potential in spite of biological differences.

Increase opportunities for Albertans with disabilities and ongoing health limitations to maintain their independence and participate in the life of their communities to the fullest extent possible.

- ◆ Increase the proportion of Albertans who receive necessary care and support in community settings rather than institutional settings, and develop resources to help strengthen and maintain their coping skills and capacity for self-care.

- ◆ Increase accessibility to all aspects of community life, including education, employment, transportation and housing.

Strengthen the capability of the health system to provide information and consultation to Albertans and their families when faced with difficult health decisions.

Reduce disability and enhance functional capabilities through early intervention, as example for people with hereditary conditions or children with developmental delays.

Goal 8: To choose healthy behaviours.

Reduce use of tobacco and misuse of alcohol.

- ◆ Increase the proportion of Albertans who do not use tobacco.
- ◆ Delay the age at which adolescents begin to use alcohol, and reduce alcohol consumption among adolescents.
- ◆ Increase the proportion of Albertans who do not drink, or drink only in moderation.
- ◆ Reduce the use of tobacco, alcohol and drugs by pregnant women.
- ◆ Reduce the rates of drinking and driving.

Increase healthy physical activity.

- ◆ Reduce the proportion of Albertans who are physically inactive.
 - ◆ Increase the proportion of Albertans who get moderate physical activity on a daily basis.
- Increase the proportion of Albertans who have healthy eating habits.

- ◆ Increase the proportion of Albertans whose diets follow Canada's Food Guide to Healthy Eating.
- ◆ Increase the proportion of women who breast feed their infants from birth to 3 months or longer.

Reduce the negative consequences of risky sexual behaviour.

- ◆ Reduce the rate of adolescent pregnancies.
 - ◆ Delay the average age at which adolescents begin to have sexual intercourse.
 - ◆ Increase the appropriate use of practices to prevent the sexual transmission of communicable diseases.
- Increase consumer understanding and use of appropriate health screening practices.

- ◆ Increase the proportion of women over 50 years of age who had a mammogram in the last two years.
- ◆ Increase the proportion of women between 18 and 65 years of age who had a Pap test in the last three years.

- ◆ Increase the proportion of Albertans who had their blood pressure checked in the last year.
- Increase positive attitudes towards and adoption of health practices to protect ourselves and others.

- ◆ Increase the proportion of Albertans who are appropriately immunized for their age and risk status.
- ◆ Increase the proportion of Albertans who appropriately protect themselves from exposure to the sun.
- ◆ Increase attitudes and practices that will help prevent workplace injuries.

Goal 9: To develop and maintain skills for facing the challenges of life in a healthy way.

Increase the proportion of Albertans who exercise personal responsibility for reducing health risks to themselves and others.

- ◆ Increase the proportion of adolescents and young adults who refuse to engage in risky behaviours such as unprotected sex or drinking and driving, in spite of situational pressures to do so.

Increase the proportion of parents who are confident they have effective parenting skills.

- ◆ Increase the proportion of parents who say they are confident in setting behavioural expectations and limits for their children and adolescents.
 - ◆ Increase the proportion of parents who say they are confident in their ability to communicate effectively with their children and adolescents about alcohol and drug use and sexuality.
- Increase Albertans' use of positive strategies for managing stress.

- ◆ Decrease the stress levels reported by Albertans.
 - ◆ Increase the proportion of Albertans who say they manage stress effectively without reliance on alcohol or drugs.
- Increase Albertans' preparation and capacity for sustained employment and self-support.

- ◆ Increase the proportion of students entering Grade 9 who complete high school.
- Increase the skills of Albertans and their sense of effectiveness in exercising control over life's circumstances and making positive contributions to their communities.
- ◆ Increase the levels of self-esteem reported by Albertans, and their sense of control and mastery over their lives.
 - ◆ Increase the proportion of Albertans who make personal lifestyle choices to protect the natural environment and human health.

**USING THE HEALTH
GOALS TO GUIDE
COMMUNITY ACTION**

USING THE HEALTH GOALS TO GUIDE COMMUNITY ACTION

In the final analysis, local communities are the places where the real action for change towards the health goals will happen. Communities are where the influences on health occur in people's everyday lives, and where individual and collective decisions about health and health services have their most immediate impact. Our health goals must therefore be understood and applied within the community context.

WHAT IS A COMMUNITY?

The idea of "community" can be hard to pin down. The word tends to reflect a traditional notion of a group of people strongly united by common values and aspirations living in a geographically well-defined place. However, modern communities rarely conform to this picture. A community may be a geographic entity. Or it may depend more on a definition of characteristics or interests shared with others.

Regardless of how we define a community, almost everyone would agree that villages, towns and cities are communities in the broadest sense. The structures and mechanisms through which these communities operate include more or less permanent organizations such as: municipal councils; government agencies and services; service clubs; political, business and professional associations; clubs and organizations of people with common interests, for example youth clubs; church groups; health facilities such as hospitals and clinics; educational institutions including schools, universities and colleges; and recreational facilities.

They also include a shifting mix of temporary or informal groups that coalesce around specific issues of importance within the community, for example to lobby for or against some government proposal, to gather support for a needed facility or service, or to address some emergent social or health issue.

This mix of formal and informal organizations or coalitions of people, and their leaders, are the community to all practical intents and purposes.

The health goals for Alberta can guide strategies and actions in communities of all types -- those which are defined geographically, and those defined through common interests or shared characteristics.

USING THE HEALTH GOALS IN COMMUNITIES

The framework provided by Alberta's health goals can help communities think in a broad and balanced fashion about the various ways they can improve the health of their community and its members, and at the same time contribute

to the overall health of Alberta's population. The framework may also help communities decide on the kind of information they want to collect about the health of the community and their actions to improve it. If the objectives developed at the provincial level also make sense locally, using them can save communities the time and energy that would otherwise be needed to develop their own objectives. And the further advantage is that consistent information will be available to see how the entire province is progressing.

The following are some suggestions for how the goals and objectives could be used at the community level.

- ❑ The health goals could be part of a "healthy community" project. In these projects, citizens and organizations come together to identify the main health issues and concerns in their community, and then take joint action to tackle them. These types of projects are being undertaken in many Alberta communities, for example, Calgary, Edmonton, St. Paul, Red Deer, Lethbridge, Medicine Hat, Leduc, Ft. McMurray, Hanna, and Ft. Saskatchewan. Health units, hospitals, service clubs, social service agencies, police, schools, recreation programs, media, consumer groups, and businesses are some of the players typically involved. The strength of these kinds of projects is that they focus on the unique needs and priorities of the community. But provincial health goals can make an important contribution in planning and implementation.
- ✓ The community needs assessment that is usually the starting point could be designed to cover all the health influences addressed by Alberta's Health Goals. Not all of the influences might turn out to be equally relevant or important to the community, but people would be sure that important factors hadn't been missed. Alberta Health could develop a tool that communities could easily adapt for local use.
- ✓ Once the needs assessment is done, the next step is to decide which are the most important needs, and what kinds of actions might be feasible to address them. This leads to the setting of priorities, usually with some form of goals and objectives. Because such a priority setting process has already occurred at the provincial level, and led to the current framework of provincial goals and objectives, communities could use the provincial material as a starting point or a sort of "shopping list" to help guide their local discussion and decision making. Again, Alberta Health could develop a tool to help communities do this.
- ✓ Once community priorities and goals are set, various partners decide on projects they will undertake, on their own or in collaboration with others. The objectives included in this report could help them focus

on actions that are measurable, so that tracking their success will be easier. Alberta Health could provide advice and tools to help communities measure their progress.

- ❑ Comprehensive health programs in schools and workplaces, as described under Goal 5 earlier in this report, tend to follow a similar development process as healthy communities projects. They could use some aspects of the health goals framework to guide their program planning and implementation activities.
- ❑ Public decision making bodies such as city councils, health unit boards and hospital boards could use the Alberta health goals as part of their formal health planning and health resource allocation processes. For example, they might adopt health status indicators that link to the provincial goals and objectives, as a basis for shifting resources from certain types of services to others, or for guiding resource allocation. On a more ambitious scale, elected municipal councils might decide to develop formal health goals and strategies for their community, building on the health goals for Alberta.
- ❑ Particular health facilities and organizations, as well as organizations in other sectors, could use the Alberta health goals as part of their internal planning and resource decision-making processes. Although all of the goals and objectives might not be completely applicable to a particular organization, considering the full range of health influences and goals could help the organization see how its contribution fits with other community organizations. This could lead to greater collaboration among various services and sectors, as well as help each organization see where it can make its strongest contribution. The organization may also decide to adopt some of the same measures used for the provincial objectives, so they can compare their performance and progress with provincial information. Alberta Health could provide advice and tools to help with this.
- ❑ Local health consumer and advocacy groups could use the health goals as one tool to help educate the public about the wide range of things that influence our health, and about what we can do to improve our health, prevent health problems, and use health services appropriately.

SUGGESTIONS AND FURTHER INFORMATION

If you have any suggestions or comments regarding the **Health Goals for Alberta: Progress Report**, please contact:

Manager - Health Goals
Research and Planning Branch
Alberta Health
24th Floor, Jasper Avenue Building
10025 Jasper Avenue, Box 2222
Edmonton, Alberta T5J 2P4

Telephone: 427-0407
Fax: 427-2511

If you require additional copies of this report, please contact:

Communications Branch
Alberta Health
18th Floor, Jasper Avenue Building
10025 Jasper Avenue, Box 2222
Edmonton, Alberta T5J 2P4

Telephone: 427-7164
Fax: 427-1577

National Library of Canada
Bibliothèque nationale du Canada



3 3286 50426 8703



Made from Recycled Paper

reprinted 10/94